

DEPT.-65

JOB- 28

REEL- 21

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF HEALTH BUREAU OF VITAL
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

346

Department:

Health

Bureau:

Vital Statistics

Record Identification

1. TITLE: Certificate of Live Birth		2. Form No. if available		3. Type—(cards, paper, etc.) Bound Book	
4. Dates	5. Volume accumulated yearly	6. Size of Record Misc.		7. Number of copies made	
8. Authorization Requested (check only one (1) of the squares below)					
A. Establish retention period for <input type="checkbox"/> records which are accumulating daily		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>		C. Microfilm and destroy originals. <input type="checkbox"/>	
				D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/>	
9. Recommended Retention Period					
a. In Dept. 70 yrs.	b. In Storage Center Micro. Perm.	c. Total and 70 yrs. and Micro. Perm.	10. Equipment and space freed.		11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title:

Robert E. Farber
Commissioner of Health

3/28/63
Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept. 70 yrs.	b. In Storage Center Microfilm Permanet	c. Total and 70 yrs. and Microfilm Permanent	A. To be sold as scrap or waste paper <input type="checkbox"/>	B. To be burned or shredded <input checked="" type="checkbox"/>	C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>

REMARKS:

2 negative rolls
+ 1 positive roll

Records Management Officer

C. P. Foote
Date

3/28/63
Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

Missing

85270-85277, incl.

certificates and report the actual time and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and to the effect provided in this section, and to the date of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

85 278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, February 28.

4. Place of Birth, (Street and Number) 24 D. Fremont St.

5. Full Name of Mother, Ida Geddas.

6. Mother's Maiden Name, Lee.

7. Mother's Birthplace, Balt. City.

8. Full Name of Father, William Geddas.

9. Father's Occupation, Filder.

10. Father's Birthplace, Balt. City.

Name of Medical Attendant, or other Person who makes this Return.

Address, Co. Columbia Dr. & Permit Dr.

Remarks, Child in good physical condition & living.



85279

the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period of time hereinafter required, and any such person or persons who shall have failed to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each such offence to be levied by any justices and collectors as a recoverable

HEALTH DEPARTMENT
MAR 24 1886
BALTIMORE, MD.

- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Lena Diligent*
Address, *112 E. Monument St.*
Remarks, _____

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or person who shall be responsible for the birth of such child, to be in attendance at the birth of such child, shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Feb. 28th, 1886*

4. Place of Birth, (Street and Number) *#10 Adderson St*

5. Full Name of Mother, *Lizzie Barrier*

6. Mother's Maiden Name, *W. Ciminemitch*

7. Mother's Birthplace, *Balto Md.*

8. Full Name of Father, *John Barrier*

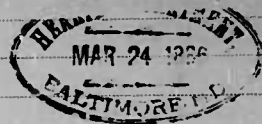
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Anna Hellegers*

Address, *#1826 Monument St*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall pervert or fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offense to be recovered in any court of law and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Howard A. Hesswein*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 28 1886*

4. Place of Birth, (Street and Number) *Port St*

5. Full Name of Mother, *Elizabeth Hesswein*

6. Mother's Maiden Name, *Keen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *(Louis) Frederick Hesswein*

9. Father's Occupation, *Coal Trimmer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Elizabeth Jewell*

Address, *87 Port Ave*

Remarks,



85282

the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

5, Child.

Alfred

Feb. 28 1886

No. 27 Lemon St.

Mary Reichel.

" " Specht

Baltimore

George Beihl

Barber.

Baltimore

Annie Lindner

No. 45 of Monroe St.

Remarks.



In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to the fine of ten (10) dollars for each child so born, and in other cases and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵²⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28th of Dec 1886*

4. Place of Birth, (Street and Number) *361 E. Calver St. Baltimore*

5. Full Name of Mother, *Katie Beilene*

6. Mother's Maiden Name, *Katie Stratmyer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Stratmyer*

9. Father's Occupation, *Grocery Dealer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Dunkel*

Address, *71 North Chapel St. for Justina Dunkel*

Remarks, *Healthy*



8528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

For

Whit

28 Febr

84 Harrison St

Dinah Rosa

Dinah Lerachem

Russia Polen

Isaac LaCobs

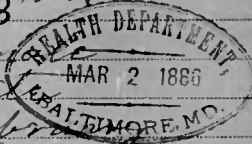
Love maker

Russia, Tolon

Becke Lustman

46 Caroline St

Remarks,



It is the duty of each and every citizen to the office of the Commissioner of Health. In case the birth record shall contain any statement of a pregnant woman of child delivery, or should no other person than the mother be present at the birth, the birth record shall contain the name of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall be guilty of failing to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be assessed as other fines and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Section 186. It shall be the duty of every person who has knowledge of the birth of any child, or of a practitioner of midwifery, or of a physician, or of a nurse, or of a person who has knowledge of the death of any child, to report the same to the Board of Health, within the period of time required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

95-29

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 20 1896

4. Place of Birth, (Street and Number) Lawrence St. 1010

5. Full Name of Mother, Mrs. B. Smith

6. Mother's Maiden Name, Mary E. Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Godolphin Arnold

9. Father's Occupation, Labrer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. S. J. Kelly

Address, 10197 West St.

Remarks,



85286

[illegible]

21

Female

White

February 28 - t

150 Arlington Ave

Lucy Emily Jones

Wells

Georgia

Walter Jones

Clerk

Palomares

Martinez, Brewer and

G. F. McCulloch II -

Remarks.



RETURN OF A BIRTH. ⁸⁵²⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *Nov. 28. 1881*

4. Place of Birth, (Street and Number) *3. S. Caroline*

5. Full Name of Mother, *Mrs. Ella Rose Jenkins*

6. Mother's Maiden Name, *Miss " " Hutterberg*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Joseph Hamilton Jenkins*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return, *Dr. C. C. Clark Chd.*

Address, *392 E. Pratt St.*

Remarks, *Normal delivery*

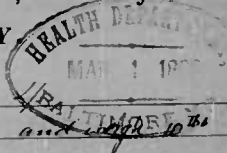


RETURN OF A BIRTH,

85288

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

1.10 o'clock Pm Sunday Feb 28 1886

4. Place of Birth, (Street and Number)

117 Canton St

5. Full Name of Mother

Magellan Stahm

6. Mother's Maiden Name

Magellan Fisher

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Lewis A Stahm

9. Father's Occupation

Driver

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. G. Richardson M.D.

Address

28 O'Donnell St

Remarks

Delivered with forceps Labor lasted 12 hours under charge of

Mrs Sullivan as midwife Both mother and child are doing well now

On return, whether full or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

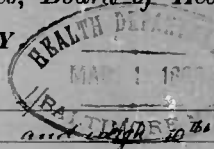
condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

85288

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *1.10 o'clock Pm Sunday Feb 28 1886*
4. Place of Birth, (Street and Number) *117 Canton St*
5. Full Name of Mother *Magellan Stahm*
6. Mother's Maiden Name *Magellan Haber*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Lewis A Stahm*
9. Father's Occupation *Driver*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Richard M.D.*

Address *28 O'Donnell St*

Remarks *Delivered with forceps Labor lasted 12 hours under charge of*

Mrs. Sullivan as midwife Both mother and child are doing well now

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Any person who neglects to attend to the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female 3^d child

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 28th

4. Place of Birth, (Street and Number)

21 N. Poppleton St.

5. Full Name of Mother,

Eliza C. Haus

6. Mother's Maiden Name,

Eliza C. Wupperman

7. Mother's Birthplace,

Fredrick City

8. Full Name of Father,

Wm. L. Haus

9. Father's Occupation,

House Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

21 N. Poppleton St.

Remarks,

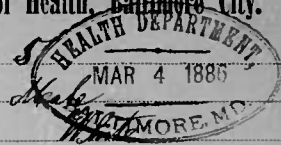


Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 February

4. Place of Birth, (Street and Number)

Hull St. Lombard Place

5. Full Name of Mother,

Mary Toolen

6. Mother's Maiden Name,

Mary Doonick

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Toolen

9. Father's Occupation,

Labour

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ettel

Address,

No 13 Cuba St

Remarks,

Baltimore

in all cases, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵²⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feby. 28th 1886.

4. Place of Birth, (Street and Number)

92 Sharp St.

5. Full Name of Mother,

Francis V. Nagle

6. Mother's Maiden Name,

" " Sully

7. Mother's Birthplace,

Carroll Co. Md.

8. Full Name of Father,

Henry Nagle,

9. Father's Occupation,

Vannisher.

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall M.D.

Address,

152 Sharp St.

Remarks,



report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85-293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Bertha Fleischer
Feldmann

Germany
Carl Fleischer

Pharmacist
Germany

J. Schweser, Midwife
330 Hammer St.

In attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person for persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
Feb 28
321 4 East
Mary V. Rapsner
Wellen
Balt.
John R. Rapsner
Greenman
Balt.
D. H. H. H. H.
143 4. Greenman

Be in attendance upon the mother, immediately thereafter, shall become the duty of the person or persons who shall report the birth to the Commissioner of Health, or to the Registrar of Vital Statistics, and any such person or persons who shall neglect to do so, shall be subject to the fine of ten (10) dollars for each failure to be recognized as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

85-296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
Color
3. Date of Birth,.....
28th of Feb
4. Place of Birth, (Street and Number).....
No 9 Iron alle
5. Full Name of Mother,.....
Emeline Jefferson
6. Mother's Maiden Name,.....
Emeline Jefferson
7. Mother's Birthplace,.....
Baltimore
8. Full Name of Father,.....
John Tompson
9. Father's Occupation,.....
Welder
10. Father's Birthplace,.....
Baltimore
- Name of Medical Attendant, or other Person who makes this Return.....
Mrs E Gray
- Address,.....
193 E Chester st
- Remarks,.....
Healthy child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 February

4. Place of Birth, (Street and Number) 38 Biddle St

5. Full Name of Mother, Barbara Seehla

6. Mother's Maiden Name, Barbara Krupa

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Seehla

9. Father's Occupation, Taylor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this return, May Kefitish

Address, 127 W Washington St

Remarks,



PS29

any person who shall be guilty of any offence under this section shall be liable to a fine not exceeding five hundred dollars, or to imprisonment for a term not exceeding six months, or to both such fine and imprisonment, at the discretion of the court.

Let

James

Robert

March 1st 1886

189 N Washington St

Maggi Davis

Link

Balto. Ind.

William F. Davis

Car. M. M. M.

Reg. alt. 1922

M. D. Billy Lee

22 E. Princeton

Clay Printers and Stationers.

Birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, in the presence of the Registrar, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85-299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 8 1892

4. Place of Birth, (Street and Number) 56 Hampden St.

5. Full Name of Mother, Sarah Owens

6. Mother's Maiden Name, " McQuate

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Owens

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Maggie Cook M.D.

Address, 116 Madison St. B

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the same to the Registrar of Vital Statistics, and if such person or persons fail to comply with the provisions of this section, shall be liable to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 27

4. Place of Birth, (Street and Number) 28 Cole St

5. Full Name of Mother, Annie H. Harris

6. Mother's Maiden Name, Annie E. Hardy

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Francis M. Harris

9. Father's Occupation, Jobber

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, Wm. H. H. J. G. G. G.

Address, 670 West Pratt St

Remarks,



RETURN OF A BIRTH

85301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
 Sex, (state whether male or female) *female*
 Race or Color, (if not of the white race) *white*
 Date of Birth, *Nov 1st 1886*
 Place of Birth, (Street and Number) *198 E Monument*
 Full Name of Mother, *Yetta Roden*
 Mother's Maiden Name, *Yetta Silverman*
 Mother's Birthplace, *Germany*
 Full Name of Father, *Barney Roden*
 Father's Occupation, *Sailor*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *David V Meyer M.D.*
 Address, *192 August St*
 Remarks, *City*

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be reported shall be liable to the fine of ten (10) dollars.

RETURN OF A BIRTH

85302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 March, 1886

4. Place of Birth, (Street and Number) 485 Eager St

5. Full Name of Mother, Josephine Berce

6. Mother's Maiden Name, Josephine Shot

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Berce

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kiptish

Address, 691 Westinghouse St

Remarks,



RETURN OF A BIRTH 85303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 March 1886

4. Place of Birth, (Street and Number) 56 N. Burch St

5. Full Name of Mother, Isabelle Thisman

6. Mother's Maiden Name, Isabelle Hubar

7. Mother's Birthplace, Germany

8. Full Name of Father, George Thisman

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, 671 Washington St

Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

85304

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 1 1886
4. Place of Birth, (Street and Number) Henrietta St 104
5. Full Name of Mother, Clara Merson
6. Mother's Maiden Name, Clara Merton
7. Mother's Birthplace, Thomas County Ga
8. Full Name of Father, Lewis R Mearns
9. Father's Occupation, Laboring man
10. Father's Birthplace, Church Creek
Name of Medical Attendant, or other Person who makes this Return, Miss Caroline Jordan
Address, No 2 Beach alley
Remarks,

such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁵³⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1st 1886

4. Place of Birth, (Street and Number) 111 Conaway St.

5. Full Name of Mother, Mary J. O'Neill

6. Mother's Maiden Name, Cunningham

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Martin Bernard O'Neill

9. Father's Occupation, Wicker Worker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, Conaway

or other Person who makes this Return

Address,

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Herman Henry Becker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 24, 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White

Hubert St

Matilda (Baker) Becker

Matilda Korte

Baltimore

Adam (Baker) Becker

Baker

Baltimore

Mrs. Ettel

No 13 Hubert St

RETURN OF A BIRTH, 85307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 12th 1886

4. Place of Birth, (Street and Number) No 67 Druid Hill Av.

5. Full Name of Mother Lizzie B. Leoman

6. Mother's Maiden Name Lizzie Batson

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father J. V. Leoman

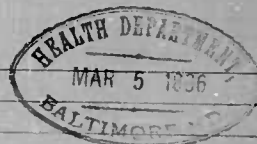
9. Father's Occupation Physician

Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. J. V. Leoman M.D.

Address No. 67 Druid Hill Av.

Remarks



name of the mother of such child or children.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

85308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March the 1. 1886*

4. Place of Birth, (Street and Number) *Eager St. No. 516.*

5. Full Name of Mother, *Sarah Marshall*

6. Mother's Maiden Name, *Sarah Bromley*

7. Mother's Birthplace, *Bald^o City*

8. Full Name of Father, *Charles F. Marshall*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bald^o City*

Name of Medical Attendant, or other Person who makes this return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother or parents of such child, or the person who shall be present at the birth, shall be liable to a fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be present at the birth, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, in the manner and within the period above required.

RETURN OF A BIRTH ⁸⁵³⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

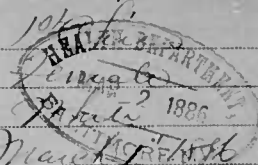
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 2 1886

349 Light St

Mary E. Schelhaus

Mary E. Wagner

Baltimore Md

Henry Schelhaus

Carpenter

Baltimore Md

Dr. C. C. Cooke M.D.

180 Fort St

RETURN OF A BIRTH. ⁸⁵³¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to assist upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, and other fines and forfeitures may be recoverable.

City & County Printer and Stationer

RETURN OF A BIRTH ⁸⁵³¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 1st*

4. Place of Birth, (Street and Number) *44 E Pratt St.*

5. Full Name of Mother, *Emilia Not*

6. Mother's Maiden Name, *Emilia Shapiro*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Morris Not*

9. Father's Occupation, *Shoe Maker*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *D. Scherman*

Address, *Atlemarle st at 26*

Remarks,



Person reporting the birth to the Commissioner of Health, in the manner and within the period above required, as any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations may require.

RETURN OF A BIRTH ^{PS 31}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 3rd 1883

4. Place of Birth, (Street and Number) Greenmount Ave. 377

5. Full Name of Mother, Jenny Martin

6. Mother's Maiden Name, Jenny Bloom

7. Mother's Birthplace, Marroll County

8. Full Name of Father, Edward F. Martin

9. Father's Occupation, Barman

10. Father's Birthplace, Bullo. County

Name of Medical Attendant, or other Person who makes this Return L. Woodson

Address, 120 Greenmount Ave

Remarks, _____



RETURN OF A BIRTH ⁸⁵³¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 1st 1886*

4. Place of Birth, (Street and Number) *South Bond St.*

5. Full Name of Mother, *Maggie Struck*

6. Mother's Maiden Name, *Wickmire*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Struck*

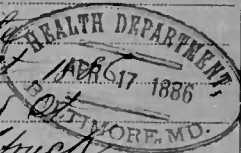
9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *J. M. Sildner M. D.*

Address, *1000 E. Caroline St.*

Remarks, _____



It is the duty of the person or persons of such child, to report the birth to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

85314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

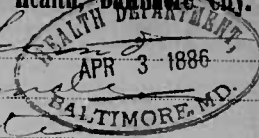
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Be it enacted, that any person who shall become the duty of the person or parents of such child, to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of his person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1

4. Place of Birth, (Street and Number) 7 Maldo St

5. Full Name of Mother, Friedericka Hegler

6. Mother's Maiden Name, Friedenacker

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Hegler

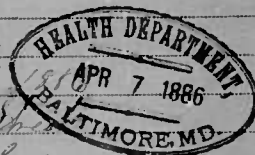
9. Father's Occupation, Piano Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. R. T. Wiley M.D.

Address, 175 W. Lombard St

Remarks, City



RETURN OF A BIRTH 85216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

85317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1886

4. Place of Birth, (Street and Number)

Barclay & Federal St

5. Full Name of Mother,

Bessie Luch Varian

6. Mother's Maiden Name,

" " Baker

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Wm. Alexander Varian

9. Father's Occupation,

Agent

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other Person who makes this Return

Irring Miller M.D.

Address,

179 Bellmunt St

Remarks,

Submitting this report in the mail and forgetting to attach it is the cause of its late appearance.



Work is taken by the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 March

4. Place of Birth, (Street and Number) 53 Fawn

5. Full Name of Mother, Maggie Schmidt

6. Mother's Maiden Name, Willeon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schmidt

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 88319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. . .



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1886

4. Place of Birth, (Street and Number)

556 Grand Hill Ave

5. Full Name of Mother,

Pauline Blome

6. Mother's Maiden Name,

Paul

7. Mother's Birthplace,

Balto -

8. Full Name of Father,

George Blome

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Chas E Gadden M.D.

Address,

565 Grand Hill Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child of Sara Medgenstein

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1st 1886

4. Place of Birth, (Street and Number) 1103 Harrison St

5. Full Name of Mother, Sara Medgenstein

6. Mother's Maiden Name, Rosenbarger

7. Mother's Birthplace, Buchan Wendenburg Germany

8. Full Name of Father, David Medgenstein

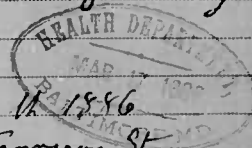
9. Father's Occupation, Hanger and

10. Father's Birthplace, Langenschwartz Hessen Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. J. J. Zuber

Address, 1125 E. Lombard St Baltimore

Remarks, M.D.



report its birth to the Commissioner of Health, he or she shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable, or to imprisonment for not more than six months, or to both such fine and imprisonment, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars.

RETURN OF A BIRTH

85321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 1st

4. Place of Birth, (Street and Number) 13 Hamburg st

5. Full Name of Mother, Francis Taylor

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Taylor

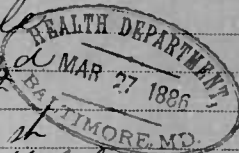
9. Father's Occupation, Coal yard

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Angeline Wilson

Address, 3 1/4 D. Howard st

Remarks, _____



RETURN OF A BIRTH ⁸⁵³²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 2

4. Place of Birth, (Street and Number)

27 Hill St.

5. Full Name of Mother,

Mary Wiegand

6. Mother's Maiden Name,

Bracel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Wiegand

9. Father's Occupation,

Shop-keeper

10. Father's Birthplace,

Germany

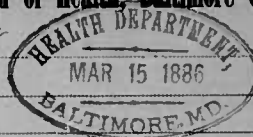
Name of Medical Attendant, or other Person who makes this Return.

Boison

Address,

Remarks,

Sharp 259



any person who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 85325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

March 2d 1886

4. Place of Birth, (Street and Number)

No 2 in rear of Moore & Wadsworth Building

5. Full Name of Mother,

Mary Dorsey

6. Mother's Maiden Name,

Hiden

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

William Dorsey

9. Father's Occupation,

Congressman

10. Father's Birthplace,

Manassas

Name of Medical Attendant, or other Person who makes this Return.

Dr. James L. Sprague

Address,

No 7 Federal St

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁻³²⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 2nd 1886

4. Place of Birth, (Street and Number) 150 Battery as

5. Full Name of Mother, Annie E. Brendel

6. Mother's Maiden Name, Buchanan

7. Mother's Birthplace, Balto.

8. Full Name of Father, Louis H. Brendel

9. Father's Occupation, Confectioner

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return, R. C. Lee

Address, Harmon St.

Remarks, _____



RETURN OF A BIRTH ⁵³²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 2nd 1888*

4. Place of Birth, (Street and Number) *147 S. Fremont St*

5. Full Name of Mother, *Ernestine Stanton*

6. Mother's Maiden Name, *Peters*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *John Thomas Stanton*

9. Father's Occupation, *Labors*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *W. B. Bange*

Address, *426 Cross Street*

Remarks, *P*



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

5326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

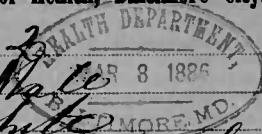
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



3
Male
White
2nd of March
331 Eastern ave.
Mary Collins
Mary Gardner
Baltimore
James B Collins
Molder
Baltimore
Mrs S. Tracy
193 South 6th Street St
Healthy Child.

or persons who shall incur a fine of \$100 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{PS 27}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Light complexion*

3. Date of Birth, *March 2nd 1886*

4. Place of Birth, (Street and Number) *No 50 Union St*

5. Full Name of Mother, *Jane Dandale*

6. Mother's Maiden Name, *" Easter*

7. Mother's Birthplace, *Fredericksburg Va*

8. Full Name of Father, *Willis Dandale*

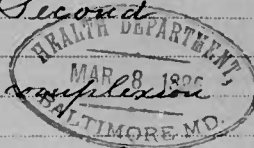
9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Alexandria Va*

Name of Medical Attendant, or other Person who makes this Return, *Annetta Johnson*

Address, *6 Hamilton St*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten [10] dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. 2 Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th -

1. Sex, (state whether male or female)

Female -

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mar. 2, 1886

4. Place of Birth, (Street and Number)

29 Clinton st

5. Full Name of Mother,

Laura Weishampel

6. Mother's Maiden Name,

" Richards

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

B. H. Weishampel

9. Father's Occupation,

10. Father's Birthplace,

Shippenburg, Pa -

Name of Medical Attendant, or other Person who makes this Return

W. E. Jamney M.D.

Address,

242 W. E. E. St.

Remarks,



RETURN OF A BIRTH

15329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2 day of March 1886

4. Place of Birth, (Street and Number)

457 E. Chase street

5. Full Name of Mother,

Anna Catherine Haase

6. Mother's Maiden Name,

Waggenmeyer

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Herman Haase.

9. Father's Occupation,

Shoe maker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return,

Mrs Julia Perry

Address,

466 N. Gay St

Remarks,

RETURN OF A BIRTH 85330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 2^d

4. Place of Birth, (Street and Number) 77 Lawrence

5. Full Name of Mother, Alice McManus

6. Mother's Maiden Name, Alice Use

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick McManus

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Meunzehl

Address, 123 Mosher St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense and no recovery shall be had for any such offense.

RETURN OF A BIRTH 85331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 2^d 1886

4. Place of Birth, (Street and Number)

108 S Wolf str.

5. Full Name of Mother,

Rosa Gebhart

6. Mother's Maiden Name,

Czeretter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Gebhart

9. Father's Occupation,

Copper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank str.

Remarks,

RETURN OF A BIRTH

15332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 2d 1886

4. Place of Birth, (Street and Number)

181 S Bethel Str.

5. Full Name of Mother,

Katie Bishop

6. Mother's Maiden Name,

" Seeberger.

7. Mother's Birthplace,

City

8. Full Name of Father,

Nicholas Bishop

9. Father's Occupation,

Car. driver

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank Str.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

55-333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 2/86

4. Place of Birth, (Street and Number)

121 Jefferson St.

5. Full Name of Mother,

Lisbeth Schaff

6. Mother's Maiden Name,

Brandt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Schaff

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Schaff

Address,

142 S. Washington St.

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85-334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March 2nd

4. Place of Birth, (Street and Number) N Central Ave

5. Full Name of Mother, Lizzie Kassakalis

6. Mother's Maiden Name, Schmalis

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Kassakalis

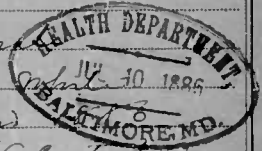
9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, W. B. Billingsley

Address, 228 E. Preston St

Remarks, _____



RETURN OF A BIRTH ⁸⁵³³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 2nd 1886

4. Place of Birth, (Street and Number)

86 E. Baltimore St

5. Full Name of Mother,

Annie Hayden

6. Mother's Maiden Name,

Hamilton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Hayden

9. Father's Occupation,

printer

10. Father's Birthplace,

St. Mary's Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Dr B. Billingsley

Address,

228 E. Canton St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, march 2, 1886

4. Place of Birth, (Street and Number) 271 east Lombard st

5. Full Name of Mother, martha & cooper

6. Mother's Maiden Name, martha d matton

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, francis a cooper

9. Father's Occupation, huster

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return, mary corner 171

Address, Patterson park avenue

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

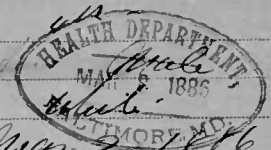
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mar 2 1886

133 N Gay

Ada M. Gay

" " Zornigton

Balti.

John F. Gay

Baker

Balti.

D. Strickland MD

143 N. Eola St

RETURN OF A BIRTH. 85-338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth *March 2nd 1886*

4. Place of Birth, (Street and Number) *no 6 south parish st*

5. Full Name of Mother, *Sophia Charley*

6. Mother's Maiden Name, *Sophia Charley*

7. Mother's Birthplace, *Eastern shore m. d.*

8. Full Name of Father, *William Charley*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Eastern shore m. d.*

Name of Medical Attendant, or other Person who makes this Return. *Ellen Ferguson*

Address, *no 256 B. along street*

Remarks, *none*



Persons who fail to comply with the provisions of this act, or who fail to furnish the information required, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 85339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 March 1896

4. Place of Birth, (Street and Number) 247 N. Wolfe St.

5. Full Name of Mother, Mary Jink

6. Mother's Maiden Name, Mary Bower

7. Mother's Birthplace, Germany

8. Full Name of Father, John P. Jink

9. Father's Occupation, Miller

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary K. Tish

Address, 62 N. Washington

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail in compliance with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other form and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

HEALTH DEPARTMENT
MAR 4 1886
Baltimore City

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

John Charlotte Hopp

6. Mother's Maiden Name,

Walper

7. Mother's Birthplace,

America

8. Full Name of Father,

John Hopp

9. Father's Occupation,

Baker

Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lohrasser Midwife

Address,

330 Hunover St.

Remarks,

RETURN OF A BIRTH 85-241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

22nd of March

4. Place of Birth, (Street and Number)

Saratoga St. No. 151

5. Full Name of Mother,

Augusta Ueber

6. Mother's Maiden Name,

Augusta Walbinger

7. Mother's Birthplace,

Hain Bavaria

8. Full Name of Father,

John Ueber

9. Father's Occupation,

Restaurants

10. Father's Birthplace,

Langach Bavaria

Name of Medical Attendant, or other Person who makes this Return

Mrs. W. Maennel

Address,

No. 8 Carl St. Midwife

Remarks,



For each child born, a fee of ten (10) dollars shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *White*

2. Race or Color, (if not of the white race) *male*

3. Date of Birth, *March 2nd*

4. Place of Birth, (Street and Number) *S. Central Ave*

5. Full Name of Mother, *Mary Barton*

6. Mother's Maiden Name, *Fisher*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Lewis Barton*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Sophia Wimmer*

Address, *40 Quincy St.*

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 2nd*

4. Place of Birth, (Street and Number) *17 S Central Ave*

5. Full Name of Mother, *Johanna Wilhelmine Buttk*

6. Mother's Maiden Name, *Sittern*

7. Mother's Birthplace, *Bath*

8. Full Name of Father, *Friedrich Tobias Buttk*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *A. J. J. J. J.*

Address, *for Granby St*

Remarks,



Some the duty of the person or parents of such child to
respect its birth, to the Commissioner of Health, in the manner and within the period above required, and any such person
for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH

85344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

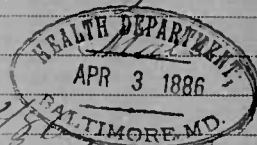
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 4th

331

Eastern Ave

Pauline Rosmeisel

Berg

Germany

Anton Rosmeisel

Schoemaker

Germany

Mrs Louise Kraft

142 S. Washington St.

or person who shall violate any provision of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other penalties and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 2nd*

4. Place of Birth, (Street and Number) *75 E. Lombard St*

5. Full Name of Mother, *Mary Earnst*

6. Mother's Maiden Name, *Hill*

7. Mother's Birthplace, *Beth*

8. Full Name of Father, *Henry Earnst*

9. Father's Occupation, *Musician*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Hinson*

Address, *75 Granby St*

Remarks,



85-346

85-346

[Handwritten signature]

Mole

W. L. L.

W. L. L.

Man

maternité

Many Thanks

W. Va.

W. Va.

W. Va.

William H. Deedman

matinales

matinales

City & Co., City Printers and Stationers.

Persons who report the birth of a child to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense in be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 85347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March

4. Place of Birth, (Street and Number)

344 Lexington St

5. Full Name of Mother,

Annie Matilda Shipp

6. Mother's Maiden Name,

Murr

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leather Boye Shipp

9. Father's Occupation,

Furniture Salesman

10. Father's Birthplace,

Norfolk Va

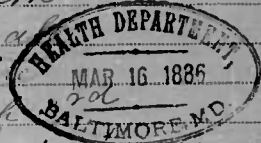
Name of Medical Attendant, or other Person who makes this Return.

Mrs Anna L. Schneider

Address,

40 N. Schroeder St.

Remarks,



RETURN OF A BIRTH

85348

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 9th, 1886*
4. Place of Birth, (Street and Number) *417 Barclay St*
5. Full Name of Mother, *Ada Wheeler*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *" "*
8. Full Name of Father, *" "*
9. Father's Occupation, *" "*
10. Father's Birthplace, *" "*
- Name of Medical Attendant, *J. Barker* or other Person who makes this Return.
- Address, *365 E. Charles St.*
- Remarks, *" "*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant,

or other Person who
makes this Return.

Address.

Remarks.

should not other person to in attendance upon the mother, immediately thereafter, if such then become the father of the child, except in the case of the birth of a child to the mother, and within the period above required, in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$100.00 for each offense. To be recovered as other fines and penalties are severable.

2.17. CHILDREN AND BEHAVIOUR

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

85 3 50

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 3

4. Place of Birth (Street and Number) Central Ave. 79

5. Full Name of Mother John Lewis Powers

6. Mother's Maiden Name Lewis

7. Mother's Birthplace Ireland

8. Full Name of Father John Powers

9. Father's Occupation Police Officer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. James G. Gray

Address 70 N. Bond St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, **Baltimore City.**

85351



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white-race) *African race*
3. Date of Birth, *March the 3 1886*
4. Place of Birth, (Street and Number) *Tyson St No 172*
5. Full Name of Mother, *Miss Sarah Brown*
6. Mother's Maiden Name, *Miss Sarah Brown*
7. Mother's Birthplace, *Richmond Virginia*
8. Full Name of Father, *Benjamin Brown*
9. Father's Occupation, *lumber*
10. Father's Birthplace, *Kent Island Md*

Name of Medical Attendant, or other Person who makes this return, *Mrs Jas et*

Address, *283 W. Babel St Baltimore*

Remarks,

Persons who at all hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH

85352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 3rd 1886*

4. Place of Birth, (Street and Number) *No 7 N. Castle St*

5. Full Name of Mother, *Kunigunde Kerebs*

6. Mother's Maiden Name, *Ruppert*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Jacob Kerebs*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. M. Amend.*

Address, *No 137 S. Wolfe St.*

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3. March

4. Place of Birth, (Street and Number)

Cramer Hulls Insul St

5. Full Name of Mother,

Elizeberth Heill

6. Mother's Maiden Name,

Elizeberth Horn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Martin Heill

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Etzel

Address,

Remarks,

It is the duty of the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

in compliance upon the midwife, and the person or persons, or parent of such child, to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the birth of every child born within the city and county of Baltimore, and the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *March 3^d 1886*

4. Place of Birth, (Street and Number) *111 Jasper street*

5. Full Name of Mother, *Conise Johnson*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Wm Johnson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Charleston South Carolina*

Name of Medical Attendant, or other Person who makes this Return. *Hester Holance*

Address, *39 E Monument street*

Remarks, _____



RETURN OF A BIRTH, 85355

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 8th 1886

4. Place of Birth, (Street and Number)

No 15 St Peter St

5. Full Name of Mother

Clara Elizabeth Liburn

6. Mother's Maiden Name

Clara Elizabeth Lee

7. Mother's Birthplace

Honolulu

8. Full Name of Father

Edmund Liburn

9. Father's Occupation

Butcher

Father's Birthplace

Liter, Japan Ra

Name of Medical Attendant, or other Person who makes this Return.

James A. Leckie

Address

142 S. Calver St

Remarks



RETURN OF A BIRTH ⁸⁵³⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *March the 3 1886*

4. Place of Birth, (Street and Number) *S. Broadway No 172.*

5. Full Name of Mother, *Mashe B. Bennett*

6. Mother's Maiden Name, *Mashe B. Lynch.*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Robert H. Bennett*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this return *Mary E. Miller*

Address, *1 Dallas St. No 26*

Remarks,



People are liable for the consequences of neglect in the manner and within the period above required, and any such person or persons, who shall neglect or fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 3 March

4. Place of Birth, (Street and Number) 7 E. Fayette

5. Full Name of Mother, Regina Sutz

6. Mother's Maiden Name, Stecker

7. Mother's Birthplace, Europe

8. Full Name of Father, Joseph Sutz

9. Father's Occupation, Shoe-maker

Father's Birthplace, Europe

Name of Medical Attendant, or other Person who make this return, Sarah Casper

Address, 72 E. Lombard

Remarks, _____



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period prescribed, and for persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

85358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 3rd 1886

4. Place of Birth, (Street and Number)

29 Conway St.

5. Full Name of Mother,

Mary E. Broening.

6. Mother's Maiden Name,

" " Kines.

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

Jacob Broening.

9. Father's Occupation,

House Shoes.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return,

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense in so far as the provisions of this section are concerned.

RETURN OF A BIRTH

85359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 20 1886

4. Place of Birth, (Street and Number)

42 E Eager St

5. Full Name of Mother,

Mary F. Fische
Bursick

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Fische

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

S. H. Seldner M. D.

Address,

10 E. Eager & Caroline Sts.

Remarks,



RETURN OF A BIRTH.

85360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

3 of March

4. Place of Birth, (Street and Number)

558 N. Pratt St

5. Full Name of Mother,

Mary Bauer

6. Mother's Maiden Name,

Mary Walther's

7. Mother's Birthplace,

Lemmon St

8. Full Name of Father,

Friedrich H. Bauer

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Washington

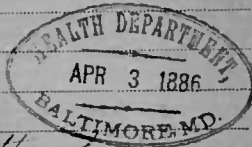
Name of Medical Attendant, or other Person who makes this Return.

M.D. Sebach

Address,

#457 N Pratt St

Remarks,



Report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 1-12-55

85361

Mary Elizabeth

1. Sex, (state whether male or female)

Suma 6

2. Race or Color, (if not of the white race)

1716

3. *Date of Birth.*

March the 3. 1886

4. *Place of Birth, (Street and Number)*

Bruce & wife

5. *Full Name of Mother,*

Lucy Bunker

6. *Mother's Maiden Name.*

Nancy. K. 18

7. *Mother's Birthplace.*

Baltimore

8. Full Name of Father,

William Beirce

9. *Father's Occupation.*

Express to

10. *Father's Birthplace,*

Baltimore.

Name of Medical Attendant.

or other Person who
makes this Return

Mr. S. H. Allen

Address.

10797 Smith

Remarks.

Q

the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period then required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall lawfully fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁸³⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Wednesday March 3rd 1880

4. Place of Birth, (Street and Number) 349 Stanford Ave.

5. Full Name of Mother, Rose Sturgeon

6. Mother's Maiden Name, Rose Mornay

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George Sturgeon

9. Father's Occupation, Carriage Manufacturing

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this return, Wilmer Brintow, M.D.

Address, Chas St & Forrest Place.

Remarks, _____



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

For persons who shall be required to furnish the information required, and any such person for each absence to be recorded as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) White.

3. Date of Birth. Wednesday March 3rd 1880.

4. Place of Birth, (Street and Number) 81 Valley St.

5. Full Name of Mother, Mary B. Sindall.

6. Mother's Maiden Name, Mary B. Smith.

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, James Sindall.

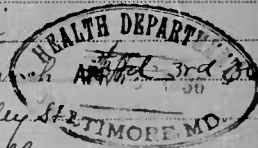
9. Father's Occupation, Slave Dealer.

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other Person who makes this Return, Wilmer Brimton M.D.

Address, Care St. James Place.

Remarks,



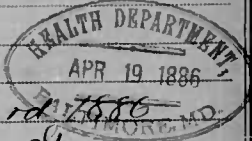
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of from \$10 to \$50, or persons who shall offend to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 3rd 1886
4. Place of Birth, (Street and Number) 146 N. Eden St.
5. Full Name of Mother, Sarah Banden
6. Mother's Maiden Name, Sarah Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isick Banden
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, M. A. Butt
Address, 185 S. E. cor Central ave & Monument St.
Remarks, All Mx



RETURN OF A BIRTH ⁸⁵³⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3/26

4. Place of Birth, (Street and Number) Bell air Ave

5. Full Name of Mother, Lene Schumm

6. Mother's Maiden Name, Lene Kroll

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Schumm

9. Father's Occupation, Copper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Lene Bruns

Address, Chester near Bell air Ave.

Remarks, :



Persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Cobono

3. Date of Birth. 3rd March 1886

4. Place of Birth, (Street and Number) # 53 Williams street

5. Full Name of Mother, Francis Tolernay

6. Mother's Maiden Name, Francis Tolernay

7. Mother's Birthplace, Winchester Virginia

8. Full Name of Father, Andrew Jackson

9. Father's Occupation, Marble Polisher

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, China street between Green & Broadway st

Remarks, Child's name: Sarah Ellen Lavinia Jackson

any of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Mch 3/86

4. Place of Birth, (Street and Number) 176 S. Pa

5. Full Name of Mother, Edwina Adams

6. Mother's Maiden Name, City

7. Mother's Birthplace, Wm. G. Adams

8. Full Name of Father,

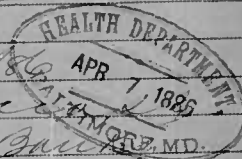
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Dr. D. H. Adams

Address, 158 S. Pa

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness:

RETURN OF A BIRTH 85368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

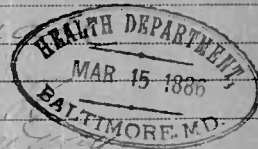
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ⁸⁵³⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 30th 1886

4. Place of Birth, (Street and Number)

68 - Henrietta St

5. Full Name of Mother,

Kate Solloway

6. Mother's Maiden Name,

Kate Koller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Shp Solloway

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return.

H B Noble M.D.

Address,

35 Market St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 3rd 1886*

4. Place of Birth, (Street and Number) *159 Elliott street 2 corners*

5. Full Name of Mother, *Kate Moffitt*

6. Mother's Maiden Name, *Kate Donegan*

7. Mother's Birthplace, *Harford county*

8. Full Name of Father, *Thomas Moffitt*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Marland Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Sarah Sullivan*

Address, *104 Curly street canton*

Remarks,

Report the birth of every child born in this city, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provision of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Wednesday March 3^d
4. Place of Birth, (Street and Number) 359 Hanover St near Cross.
5. Full Name of Mother, Louisa G. Glauber
6. Mother's Maiden Name, Louisa G. Meyer.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Henry Glauber.
9. Father's Occupation, Candy Manufacturer.
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return, Miss Munch
- Address, 1 Leadenhall St
- Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 3.

4. Place of Birth, (Street and Number)

Baltimore 298 South Charles

5. Full Name of Mother,

Unio Rosenthal

St.

6. Mother's Maiden Name,

Unio Schickler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Rosenberg

9. Father's Occupation,

Unio Kerpner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Samuel

Address,

No. 1 Garden Hall St.

Remarks,

Report to be made to the Commissioner of Health, in the manner and within the time specified above, required, and any such person or persons who shall heretofore fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other than and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3rd day of March*

4. Place of Birth, (Street and Number) *Baltimore 210 Chester*

5. Full Name of Mother, *W. L. Johannah Schaub*

6. Mother's Maiden Name, *W. L. Johannah Coennies*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Amos Schaub*

9. Father's Occupation, *Store Keeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Bruno*

Address, *No 66 Chester st. B. Fair Ave*

Remarks,



RETURN OF A BIRTH

85374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 16

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th of March 1886

4. Place of Birth, (Street and Number)

4-22 Federal St

5. Full Name of Mother,

Annie Griffin

6. Mother's Maiden Name,

Annie Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Griffin

9. Father's Occupation,

Flagman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Christina Sauer

Address,

173 Harford Ave

Remarks,

1886



Printed at the Baltimore Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered in other fines and for costs are recoverable.

RETURN OF A BIRTH.

85375

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

123

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

black

3. Date of Birth

March 4th 1888

4. Place of Birth (Street and Number)

128 Harlem Avenue

5. Full Name of Mother

Maggie Levey

6. Mother's Maiden Name

" "

7. Mother's Birthplace

8. Full Name of Father

Not Known

9. Father's Occupation

" "

10. Father's Birthplace

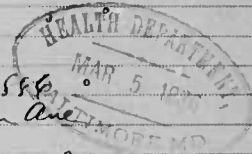
Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Smith

Address

205 W. Biddle St.

Remarks



RETURN OF A BIRTH

85376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 March 1886

4. Place of Birth, (Street and Number) 65 26 monument

5. Full Name of Mother, Margaretta Smith

6. Mother's Maiden Name, Margareth Lockmity

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Jahn

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, May Kistler

Address, 691 Washington St

Remarks,



regards its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child* 0

Sex, (state whether male or female) *Little Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11th of March 1885*

4. Place of Birth, (Street and Number) *No. 1 Christian City*

5. Full Name of Mother, *Mrs. Lacharia*

6. Mother's Maiden Name, *Miss Bertha Lacharia*

7. Mother's Birthplace, *West Prussia Germany*

8. Full Name of Father, *Mrs. Charles Lacharia*

9. Father's Occupation, *by Trade Tailor*

10. Father's Birthplace, *West Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Miller*

Address, *1417 West Pratt St. cis*

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85-379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) 1st Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th

4. Place of Birth, (Street and Number) 22 Peach Alley

5. Full Name of Mother, Lizzie Burke

6. Mother's Maiden Name, Lizzie Best

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Burke

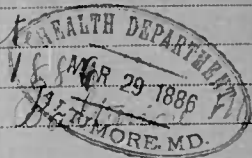
9. Father's Occupation, Joiner

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. Minnie Graf

Address, 104 Sagamore St

Remarks, Baltimore Md



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd}

1. Sex, (state whether male or female) ^{2nd} Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 1886

4. Place of Birth, (Street and Number) 824 Saratoga St. Baltimore Md.

5. Full Name of Mother, Margaret E. Buehner

6. Mother's Maiden Name, Mosquitt Korder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Robert Buehner

9. Father's Occupation, Expressman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. H. H. Graf

Address, 804 Saratoga St

Remarks, Baltimore Md.



RETURN OF A BIRTH 85381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Catherine Clayton
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 4 1886

4. Place of Birth, (Street and Number)

#221 Henrietta St.

5. Full Name of Mother,

Margaret C. Clayton

6. Mother's Maiden Name,

Leop.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Elmore S. Clayton

9. Father's Occupation,

Lafe maker

10. Father's Birthplace,

Annapolis, Md.

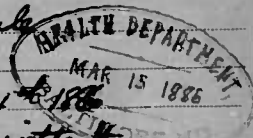
Name of Medical Attendant, or other Person who makes this Return.

Mary Hook

Address,

328 S. Eastern St.

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Mar 4, 1886*
4. Place of Birth, (Street and Number) *140 South St.*
5. Full Name of Mother, *Francis Hanson*
6. Mother's Maiden Name, *Francis Little*
7. Mother's Birthplace, *S. Carolina*
8. Full Name of Father, *Wm. Hanson*
9. Father's Occupation, *Contractor*
10. Father's Birthplace, *S. Carolina*
- Name of Medical Attendant, or other Person who makes this Return, *James W. McLean*
- Address, *16 N. 2nd St.*
- Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁵³⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 4: 1886.

4. Place of Birth, (Street and Number)

102 Park Av.

5. Full Name of Mother,

Emilie P. Carroll

6. Mother's Maiden Name,

Emilie P. Kurr

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Carroll

9. Father's Occupation,

10. Father's Birthplace,

Ireland

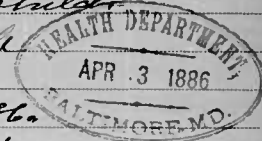
Name of Medical Attendant, or other Person who makes this Return,

R. J. N. Tall. M.D.

Address,

152 Sharp. St.

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other sums and forfeitures are recoverable.

or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 11th 1886

Tuller Lane, No. 11, near Monument

Bertie Barnes

" Stephens

Liberty town Frederick County

Mr. Barnes

Shut - Harker

Mt. Washington, Balto. Co.

M. J. Luman

50 S. Carrollton ave

Strong healthy child

Persons who shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Mar 4, 1886*

4. Place of Birth, (Street and Number) *Montreal*

5. Full Name of Mother, *Annie Nichol*

6. Mother's Maiden Name, *Do*

7. Mother's Birthplace, *Indo*

8. Full Name of Father, *Do*

9. Father's Occupation, *Do*

10. Father's Birthplace, *Do*

Name of Medical Attendant, or other Person who makes this Return. *William B. Borden*

Address, *Montreal*

Remarks,



within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁵⁵³⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4 - 1886

4. Place of Birth, (Street and Number) 142 Myrtle St

5. Full Name of Mother, Elizabeth M. Bower

6. Mother's Maiden Name, " Quigley

7. Mother's Birthplace, City

8. Full Name of Father, Louis H. Bower

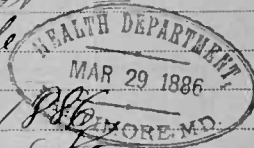
9. Father's Occupation, Scrapper

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Wm. H. B. Sullivan, M.D.

Address, 46 West Biddle St

Remarks, _____



report his birth to the Commissioner of Health, in the manner and within the period above required, and pay such fee as may be prescribed, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mar 4

4. Place of Birth, (Street and Number)

Division near Wilson

5. Full Name of Mother,

Belle Haines

6. Mother's Maiden Name,

Buck

7. Mother's Birthplace,

Balt. Co

8. Full Name of Father,

Frank Haines

9. Father's Occupation,

R.R. Agent

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return,

A. M. Wilson

Address,

257 Mad Ave.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

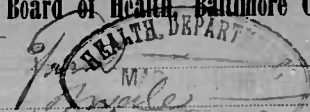
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female

Colored

Thurs day March 4, 1886

Balt. 188 Ething st.

Mary James

Mary Smith

Port Royal in the Virginia

Augustus James

Occupation Musician

Port Antonio state of Virginia

Wm. B. B. B.

277 North Ething st

Be in a hurry to give birth to the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period and under the penalty provided in this act, or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH ⁸⁵³⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) ^{Female}

2. Race or Color, (if not of the white race)

3. Date of Birth, ^{March 12 1885}

4. Place of Birth, (Street and Number) ^{35 W. Broadway St}

5. Full Name of Mother, ^{Annie M. Case}

6. Mother's Maiden Name, ^{Annie M. Case}

7. Mother's Birthplace, ^{Baltimore Md}

8. Full Name of Father, ^{William Pettingill}

9. Father's Occupation, ^{Shoemaker}

10. Father's Birthplace, ^{Massachusetts}

Name of Medical Attendant, or other Person who makes this Return, ^{Dr. L. Cooke M.D.}

Address, ^{110 Fort av}

Remarks,

Printed by order of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined or imprisoned for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 85390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,



March

151 Hamburg St.

Katy Bender.

Lois.

Germany.

Henry Bender.

Printer.

Germany.

J. Schussler, Midwife.

330 Hanover St.

RETURN OF A BIRTH ⁸⁵³⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 9. Child*

1. Sex, (state whether male or female) *Male* *1 1 1 1 1 1*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 11 1886*

4. Place of Birth, (Street and Number) *Baltimore, city, Md.*

5. Full Name of Mother, *Mrs. Katey. Axt.*

6. Mother's Maiden Name, *Miss Kause*

7. Mother's Birthplace, *Baltimore, County*

8. Full Name of Father, *Charles Axt.*

9. Father's Occupation, *Deedist.*

10. Father's Birthplace, *Baltimore, County.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Mary J. Lockett*

Address, *No 10 Oxford. St Baltimore, Md*

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eliuth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 9, 1886

4. Place of Birth, (Street and Number)

Baltimore, Md.

5. Full Name of Mother,

Kate Rindan

6. Mother's Maiden Name,

Kate Canty

7. Mother's Birthplace,

County Wick, Ireland

8. Full Name of Father,

Michael Rindan

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Tipperary, Ireland

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 N. Fayette St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or who furnishes false information, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

It is the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 25393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

March 4th

4. Place of Birth, (Street and Number)

318 Howard St

5. Full Name of Mother,

Sarah Jane Spence

6. Mother's Maiden Name,

Sarah Jane Martin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Spence

9. Father's Occupation,

Oyster Shucker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Angeline Wilson

Address,

314 S Howard St

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine or ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 March

4. Place of Birth, (Street and Number) 34 N. Eaden St.

5. Full Name of Mother, Minnie Heis

6. Mother's Maiden Name, Bowen

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, George Heis

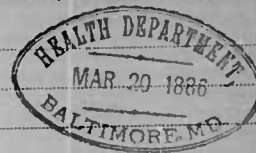
9. Father's Occupation, wagon driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Rose Ulbrich
48 Holland St.
Balt.

Remarks,



RETURN OF A BIRTH 85395

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 5 1886*

4. Place of Birth, (Street and Number) *71 East*

5. Full Name of Mother, *Isabella Webb*

6. Mother's Maiden Name, *Isabella Ross*

7. Mother's Birthplace, *Bath*

8. Full Name of Father, *John Webb*

9. Father's Occupation, *Iron Dealer*

10. Father's Birthplace, *Dorchester Co*

Name of Medical Attendant, or other Person who makes this Return *David V Meyer M.D.*

Address, *192 Augusta St*

Remarks, *City*



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁸⁵³⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 5th 1886*

4. Place of Birth, (Street and Number) *1220 Madison St*

5. Full Name of Mother, *Virginia Fowler*

6. Mother's Maiden Name, *—*

7. Mother's Birthplace, *Richmond Va*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, *Mrs Charlotte Preston*

or other Person who makes this Return.

Address, *(Midway)*

Remarks, *—*



RETURN OF A BIRTH

85397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

This - is 1st

1. Sex, (state whether male or female)

- a = female

2. Race or Color, (if not of the white race)

Dark Brown Skin

3. Date of Birth,

Balt Md

4. Place of Birth, (Street and Number)

Quignon St - No - 16

5. Full Name of Mother,

Laura Pinkney

6. Mother's Maiden Name,

Her - Lyle

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Wm - Brown

9. Father's Occupation,

Wm - Brown

10. Father's Birthplace,

Wm - Brown

Name of Medical Attendant,

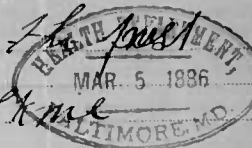
or other Person who makes this Return

Hareth - Hamond

Address,

No 65 Arch St - Balt Md

Remarks,



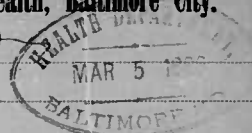
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

85398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*



1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March the 5th 1926.*

4. Place of Birth, (Street and Number) *N. Dutham St. No. 290.*

5. Full Name of Mother, *Amie Rappold*

6. Mother's Maiden Name, *Amie Reinhard*

7. Mother's Birthplace, *Gera, N. Sachsen, Germany*

8. Full Name of Father, *Charles Rappold*

9. Father's Occupation, *Sigman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who makes this Return.

Mary E. Müller

Address, *N. Dutham St. No. 290*

Remarks,

RETURN OF A BIRTH ^{PS 397}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5th of May 1886*

4. Place of Birth, (Street and Number) *No. 7, Madecia Alley*

5. Full Name of Mother, *Anni Rieker*

6. Mother's Maiden Name, *Anna Oberlander*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Georg Rieker*

9. Father's Occupation, *Builder*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. L. A. Hall Midwife*

Address, *No. 43 S. Castle-St.*

Remarks, *7, 11, 11, 11, 11*



and of any child who, being illegitimate, is born to a woman who, at the time of her marriage, was under the age of 18 years, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

887400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 15 1886
4. Place of Birth, (Street and Number) # 55 W. Baltimore St.
5. Full Name of Mother, Lea Bethold
6. Mother's Maiden Name, Shneider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Bethold
9. Father's Occupation, Manufacturer & Decorator
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Wm. Roth
- Address, # 328 S. Eager St.
- Remarks, _____



date of the birth of the child to report its birth to the Board of Health, in the manner and within the period herein required, except in the cases of the births of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁵⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

March 5, 1886

4. Place of Birth, (Street and Number)

104 second avenue

5. Full Name of Mother,

Susan Fairly

6. Mother's Maiden Name,

Susan Morrison

7. Mother's Birthplace,

Baltimore county

8. Full Name of Father,

Stephen Fairly

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary S. Seayne

Address,

52 Luzerne St.

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

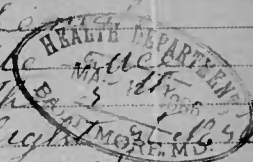
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

female
white
March 14th 1875
Baltimore Light
Mary Elsie
Walker
Prince George Co Md
Walter Elsie
Miller
Virginia
Elizabeth Statham
Light St 25-32



report as to the cause of death, and the manner and cause of death, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female

Caucasian

Mar 8 1888

150 Vine St

Millie Parker

Millie Parker

Wash

Henry Milton

Suburban

Pa

Jane M. M. M.

1600 Broadway

Report is made to the United States Department of Health, Education and Welfare by the person or persons who shall hereafter fill in supply with the provisions for each offense to be recovered as other state and federal laws are

6. Mother's Maiden Name,

Willie Parker

7. Mother's Birthplace,

W. Va.

8. Full Name of Father,

Henry Milton

9. Father's Occupation,

Labourer

10. Father's Birthplace,

W. Va.

Name of Medical Attendant, or other Person who makes this return.

James M. Anderson

Address,

1612 Broadway

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

March 6

4. Place of Birth, (Street and Number)

16 Bolton

5. Full Name of Mother,

Kate Simpson

6. Mother's Maiden Name,

Lloyd

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alfred Simpson

9. Father's Occupation,

Porter

10. Father's Birthplace,

Hampden County Md

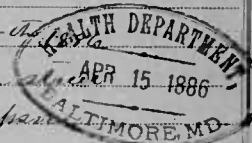
Name of Medical Attendant, or other Person who makes this Return.

Walter Kolerace

Address,

39 So. Monument Circle

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



March 5/85
32 Block St
Minna Lampert
Menger
Germany
Henry Lampert
Clerk
Baltimore
Mrs. Louise Craft
142 S. Washington St.

report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Females. (Twins)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mich. 5th 1886.

4. Place of Birth, (Street and Number)

268 Light St.

5. Full Name of Mother,

Ella Linthicum.

6. Mother's Maiden Name,

" Hartlore.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Thos. L. Linthicum.

9. Father's Occupation,

Shoe maker.

10. Father's Birthplace,

Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

RETURN OF A BIRTH

85407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 120 Pearl St

Remarks,



4th

white male

5th March

35 Waverly St

Lina Vogel

L. Krummerling

Genar (Larven) Germany

Vigand Vogel

Blairsmith

Lisberg (Larven) Germany

Dr. Helms

of the parents, and the maiden name of the mother of such child or children.

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

85408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 5th 1886

4. Place of Birth, (Street and Number)

178 Bank St

5. Full Name of Mother,

Elizabeth Weber

6. Mother's Maiden Name,

Berker

7. Mother's Birthplace,

City

8. Full Name of Father,

Leonard Weber

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Berker

Address,

128 Bank St.

Remarks,



Be it enacted, that the mother, immediately thereafter, it shall become the duty of the person or persons of such child to register its birth to the Commissioner of Health, in the manner and within the time provided in this section, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 5th 1886

4. Place of Birth, (Street and Number)

147 S Dallas St.

5. Full Name of Mother,

Marguerite Fresh

6. Mother's Maiden Name,

" Jordan

7. Mother's Birthplace,

City

8. Full Name of Father,

Jacob Fresh

9. Father's Occupation,

Schoemaker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fine and penalties are recoverable.

RETURN OF A BIRTH ⁸⁵⁴¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24th of March 1886

4. Place of Birth, (Street and Number) 405 G. St. Baltimore

5. Full Name of Mother, Julia M. Hoff

6. Mother's Maiden Name, Storace

7. Mother's Birthplace, Germany

8. Full Name of Father, William H. Hoff

9. Father's Occupation, Wagoner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Chas. W. May

Address, 4012 Patterson Park

Remarks,



Be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

85411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 5th 1886
4. Place of Birth, (Street and Number) 65 Foster alley
5. Full Name of Mother, Caroline Mary Lena Campbell
6. Mother's Maiden Name, Caroline Butler
7. Mother's Birthplace, Prince Georges Co. Md.
8. Full Name of Father, Peter Campbell
9. Father's Occupation, Laborer
10. Father's Birthplace, Bakers Beck, St Mary's Co. Md.
- Name of Medical Attendant, or other Person who makes this Return, H. E. Gale, M.D.
- Address, Cor Linden Ave & Hoffman St.
- Remarks,



be in attendance upon the mother, immediately after the birth of the child, and shall become the duty of the person or persons of such child to report the birth to the Registrar of Vital Statistics, within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5

4. Place of Birth, (Street and Number)

22 E. Monument St

5. Full Name of Mother,

Alice Ann Phillips

6. Mother's Maiden Name,

Alice Ann Harbison

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Isaac Phillips

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J. Mitchell

Address,

Remarks,



RETURN OF A BIRTH. 85413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

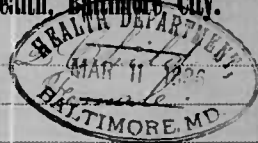
HEALTH DEPARTMENT
MAR 12 1911
Baltimore, Md.

be in attendance upon the mother, immediately thereafter, in all cases, the duty of the person or persons of such kind is to report the birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85-414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

March 5 - 1886

268 Johnson St

Katie Ruppert

Buchard

America

Franklin Ruppert

Laborer

America

J. Schwasser Midwife

330 Hanover St.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time specified above, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 5-

4. Place of Birth, (Street and Number) 130 Portano

5. Full Name of Mother, Sarah Dowling

6. Mother's Maiden Name, Sarah Allen

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Thomas Dowling

9. Father's Occupation, Coal Trimming

10. Father's Birthplace, Galway Ireland

Name of Medical Attendant, or other Person who makes this Return, Dr. C. B. B.

Address,

Remarks,



RETURN OF A BIRTH. 85416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Seventh 77

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 5th 1886

4. Place of Birth, (Street and Number)

240 E Baltimore St

5. Full Name of Mother,

Alice Mc Sicksell

6. Mother's Maiden Name,

" " Trust

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Edward Sicksell

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J. E. Froese M.D.

Address,

241 E Baltimore St

Remarks,

be in attendance upon the mother immediately after her delivery, and shall become the depository of the return of the birth, and shall be subject to the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85417

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

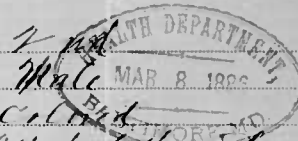
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Male
Colored
March 6th 1896

83 Stealing
Jennie Carter
Jennie Shorrod
Harford Co.

Daniel Carter
Coal Cart Driver
Balt

Daniel V. Mague M.D.
194 Airguith St
City

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the laws of this State, and for each offence to be punished as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

85418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth

Mar. 6/86

4. Place of Birth, (Street and Number)

141 Fairmount St

5. Full Name of Mother,

Maria A. Courcy

6. Mother's Maiden Name,

" " Jones

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Robert P. Courcy

9. Father's Occupation,

Steam Engineer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Geo L. Harrison

Address,

141 Fairmount St

Remarks,

Indemnified Delivery



For an attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

6 March

4. Place of Birth, (Street and Number)

139 E. Lombard

5. Full Name of Mother

Siggie Krauss

6. Mother's Maiden Name

Thomas

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Herman Krauss

9. Father's Occupation

Tinner

10. Father's Birthplace

Baltimore

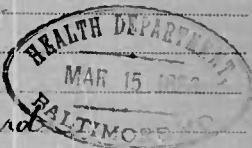
Name of Medical Attendant, or other Person who makes this return

Sarah Casper

Address

72 E. Lombard

Remarks



On the return of this form, the Registrar of Vital Statistics, Baltimore, Md., shall receive the duty of the period or parts of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *March the 6th 1886.*

4. Place of Birth, (Street and Number) *Broadway No 150*

5. Full Name of Mother. *Anna Beneze*

6. Mother's Maiden Name. *Anna Trausmann*

7. Mother's Birthplace. *Nirelebrück, Pr. Preussen, Germany*

8. Full Name of Father. *Julius Beneze*

9. Father's Occupation. *Watch maker*

10. Father's Birthplace. *Futaba, Pr. Preussen, Germany*

Name of Medical Attendant, or other Person who makes this return. *Mary E. Müller*

Address. *N. Dallas St. No 26.*

Remarks. *Full name of child - Eugene Beneze*



In attestation whereupon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 1st, 6, 1886.*

4. Place of Birth, (Street and Number) *Lancaster St., No. 93.*

5. Full Name of Mother, *Friedricha Stiller*

6. Mother's Maiden Name, *Friedricha Schönweis*

7. Mother's Birthplace, *Altdorf, N. Bazar, Germany*

8. Full Name of Father, *Georg Stiller*

9. Father's Occupation, *Schiffbau*

10. Father's Birthplace, *Altdorf, N. Bazar, Germany*

Name of Medical Attendant, or other Person who makes this statement *Mary E. Stiller*

Address, *N. Dallas St., No. 26*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child, in the manner and within the period above required, and any such person who fails to do so, shall be liable to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 6th

4. Place of Birth, (Street and Number)

N^o 9 Chestnut Alley

5. Full Name of Mother,

Henrietta Vahle

6. Mother's Maiden Name,

Falk

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles Vahle.

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Minch

Address,

N^o 1 Leadenhall St

Remarks,

It is the duty of the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, and if the mother or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 15423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth March 6 - 1886
4. Place of Birth, (Street and Number) 108 S. Spring
5. Full Name of Mother, Maggi Behn Goetz
6. Mother's Maiden Name, Behn Casper Goetz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Casper Goetz
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mary Stein
- Address, 151 E. Pratt
- Remarks,



Any person who neglects to report the birth of a child, or the death of a person, or the marriage of a person, or the adoption of a child, or the change of name of a person, or the change of residence of a person, or the change of occupation of a person, or the change of marital status of a person, or the change of sex of a person, or the change of race of a person, or the change of color of a person, or the change of date of birth of a person, or the change of place of birth of a person, or the change of full name of a person, or the change of mother's maiden name of a person, or the change of mother's birthplace of a person, or the change of full name of a father of a person, or the change of father's occupation of a person, or the change of father's birthplace of a person, or the change of name of a medical attendant of a person, or the change of address of a person, or the change of remarks of a person, shall be liable to a fine of ten dollars for each offense.

Over **RETURN OF A BIRTH.** *8542*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*

Name: Robert W. Stamp

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 6th APR 3 1886*

4. Place of Birth, (Street and Number) *No. 11 St. Baltimore, MD.*

5. Full Name of Mother, *Anna E. Stamp*

6. Mother's Maiden Name, *Anna E. McElatchy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thos W. Stamp*

9. Father's Occupation, *Marble Cutter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs C. Seelock*

Address, *#489 W Pratt St*

Remarks,

RETURN OF A BIRTH ⁸⁶⁴²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 6th 1886*

4. Place of Birth, (Street and Number) *No - Jefferson St.*

5. Full Name of Mother, *Annie Kungelane*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *"*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other Person who makes this Return, *M. A. Butt.*

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All well*



RETURN OF A BIRTH

5426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 6th 1886*

4. Place of Birth, (Street and Number) *Balt Md Number 57 Goregh St*

5. Full Name of Mother, *Carrie D. Percy Lovedy*

6. Mother's Maiden Name, *Deshields*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Charles Lovedy*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Hannah Knowles*

Address, *144 S Bond St*

Remarks,



be in attendance upon the mother, and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

any of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸³⁴²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

4th Child.

1. Sex, (state whether male or female)

Female Child.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th March

4. Place of Birth, (Street and Number)

Health St. No. 121

5. Full Name of Mother,

Mary Ehrmann

6. Mother's Maiden Name,

Mary Hoff

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fred Ehrmann

9. Father's Occupation,

Baltimore Ohio

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Lizzie Schaeffer

Address,

131 East Bld

Remarks,

RETURN OF A BIRTH 85428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



6 Months
168 Mulberry St
Maurice Thiemeyer
Marie Pfeil
Baltimore
John H. Thiemeyer
Barman
Baltimore

120 Pearl St Baltimore

RETURN OF A BIRTH ⁸⁵⁴²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *German descent*

3. Date of Birth, *6th March*

4. Place of Birth, (Street and Number) *Bere street 716 Balto City*

5. Full Name of Mother, *Caroline Schwimmer*

6. Mother's Maiden Name, *Caroline Manner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Schwimmer*

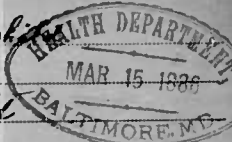
9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Bosson*

Address, *255th Sharp Street*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fine and penalties are recoverable.

RETURN OF A BIRTH 85430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 6 March

4. Place of Birth, (Street and Number) 28 Pratt street

5. Full Name of Mother, Mary Andreletta

6. Mother's Maiden Name, Rodget

7. Mother's Birthplace, Italy

8. Full Name of Father, John Andreletta

9. Father's Occupation, Tavern

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this return, Sarah Casper

Address, 72 E. Lombard street

Remarks, _____



in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of the City and County of Baltimore, and to file a return of such birth in the form provided for each offense to be reported as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

6 March

4. Place of Birth, (Street and Number)

54 Fawn

5. Full Name of Mother,

Minnie Glover

6. Mother's Maiden Name,

Hasy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Glover

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 85432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 6th

4. Place of Birth, (Street and Number) 157 Burgundy Al

5. Full Name of Mother, Christina Denstädt

6. Mother's Maiden Name, Christina Von Berg

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Denstädt

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Miss Munch

Address, 1 Ladenhall St

Remarks,

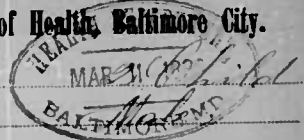


RETURN OF A BIRTH

85433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 6 - 1886

4. Place of Birth, (Street and Number)

25 Olive st.

5. Full Name of Mother,

Terese Truffer

6. Mother's Maiden Name,

Madung

7. Mother's Birthplace,

America

8. Full Name of Father,

Albert Truffer

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaermer, M.D.

Address,

330 Hanover st.

Remarks,

of person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-11-58
RETURN OF A BIRTH 85434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Edgar Shafter Carlisle*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*



1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 6th, 1886.*
4. Place of Birth, (Street and Number) *128 7th Hoffman St*
5. Full Name of Mother, *Mary Etta Carlisle*
6. Mother's Maiden Name, *Mary Etta Taylor*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Edward J. Carlisle*
9. Father's Occupation, *Car Driver*
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. Slifer
24 Columbia Ave

or persons who shall hereafter fall in conformity with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 6 — 1886

4. Place of Birth, (Street and Number)

199 William St

5. Full Name of Mother,

Anna Epp

6. Mother's Maiden Name,

Mabel

7. Mother's Birthplace,

America

8. Full Name of Father,

John Epp

9. Father's Occupation,

Cabinet-maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schaeffer, Midwife

Address,

330 Hanover St

Remarks,

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was received in the same
condition and microfilmed
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assure legibility and com-
pleteness.

85436

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

G. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



299 Baltimore St.

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Page 14
17-1

Agnes Brown

First Floor

16

Reichman & Herbyman

W. & Co., City Printers and Stationers.

RETURN OF A BIRTH

8524.37

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 7th 1886.*

4. Place of Birth, (Street and Number) *399 E. Pratt St.*

5. Full Name of Mother, *Lillian Wolf.*

6. Mother's Maiden Name, *Lillian McReechnie*

7. Mother's Birthplace, *New York.*

8. Full Name of Father, *C. August Wolf*

9. Father's Occupation, *Longfist*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



*A. J. Erick M.D.
95 Park Ave.*

NOTICE

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was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁵⁷³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 7 May

4. Place of Birth, (Street and Number) 221 Barnett St.

5. Full Name of Mother, Bertha Jessorner

6. Mother's Maiden Name, Bertha Hoff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Carl Jessorner

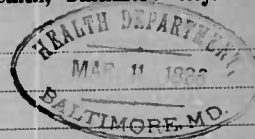
9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. W. Maennel Midwife

Address, No 8 Pearl St.

Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

854.79

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 3 child

1. Sex, (state whether male or female)

male child

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

the 6 March.

4. Place of Birth, (Street and Number)

No. 53. Union St.

5. Full Name of Mother,

Mrs. Wm. T. Sway

6. Mother's Maiden Name,

Matie Cook

7. Mother's Birthplace,

St. Mary Co

8. Full Name of Father,

Wm. T. Sway

9. Father's Occupation,

Walter

10. Father's Birthplace,

Wester

Name of Medical Attendant, or other Person who makes this Return

Deluter Cook

Address,

74 other st

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

851410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Bessie Lillan Williams



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, March 6th 1886

4. Place of Birth, (Street and Number) No 3 Little Walsh street.

5. Full Name of Mother, Emma Virginia Williams

6. Mother's Maiden Name, Emma Virginia Burns

7. Mother's Birthplace, Manchester, Carroll county Md

8. Full Name of Father, William J. Williams

9. Father's Occupation, assistant conductor and flagman. on N. C.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Donley

Address, 18 Little Walsh street

Remarks, none

ALL NAME ADDED

1-29-52

RETURN OF A BIRTH.

25741

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

March 6th 1896

4. Place of Birth (Street and Number)

86 Madison St 2nd

5. Full Name of Mother

Lyneth Johnson

6. Mother's Maiden Name

"

7. Mother's Birthplace

West Virginia

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Leahy Lockman

Name of Medical Attendant, or other Person who makes this Return.

Address

131 Beaufort St.

Remarks



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered at city files and forfeitures are recoverable.

RETURN OF A BIRTH

85442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

March 6th

4. Place of Birth, (Street and Number)

No 3 plum

5. Full Name of Mother,

Elizabeth Blake

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Horace Blake

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

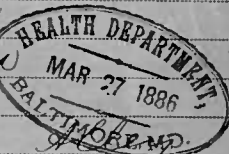
Name of Medical Attendant, or other Person who makes this Return.

Angeline Wilson

Address,

3/4 N Howard street

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 6th*

4. Place of Birth, (Street and Number) *112 Russell Street*

5. Full Name of Mother, *Sophia Robinson*

6. Mother's Maiden Name, *Sophia Lee*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Robinson*

9. Father's Occupation, *Arabo Marketing &c*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Angelin Wilson*

Address, *314 South Howard St*

Remarks,



RETURN OF A BIRTH

85244

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Mar. 6, 1888*

4. Place of Birth, (Street and Number) *88 Carrollton Ave.*

5. Full Name of Mother, *Annie C. Lord.*

6. Mother's Maiden Name, *" " Mott.*

7. Mother's Birthplace, *Brooklyn*

8. Full Name of Father, *Louis L. Lord.*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Cincinnati, O.*

Name of Medical Attendant, or other Person who makes this Return *Thos A. Brewster M.D.*

Address, *280 Madison Ave.*

Remarks,

RETURN OF A BIRTH

85445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *6 March 1886*

4. Place of Birth, (Street and Number) *151 E. Eaden St.*

5. Full Name of Mother, *Maggie Moore*

6. Mother's Maiden Name, *" Jones*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *George Moore*

9. Father's Occupation, *Coffee Roaster*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return, *Miss Rose Webb*

Address, *48 Holland St.*

Remarks, *Balt.*



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 7. 1886

4. Place of Birth, (Street and Number) Maternity

5. Full Name of Mother, Ida L. Jones

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Ind.

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Report, William A. Howard M.D.

Address, Maternity

Remarks, _____

Report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person as may be appointed by the Board of Health, the fee for this return, which shall be paid by the mother or father, or by the person who makes this report, and who shall be liable to the same, with the penalties of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Mar. 7, 1886*

4. Place of Birth, (Street and Number) *Maternity*

5. Full Name of Mother, *Mrs. Emma Stevens*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Mo.*

8. Full Name of Father, _____

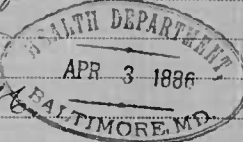
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, *William A. B. M.D.*

Address, *Maternity*

Remarks, _____



Report to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 7th 1886

4. Place of Birth, (Street and Number) No 168 E. 2nd St

5. Full Name of Mother, Barbra Burk

6. Mother's Maiden Name, Barbra Bane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edw. Burk

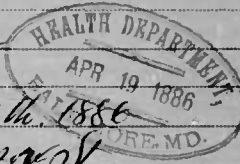
9. Father's Occupation, Soda Water Wagon

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S. E. cor Central av. & Monument St.

Remarks, All Well



or persons who will receive or aid in complying with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 7th 1886

4. Place of Birth, (Street and Number)

No 291 Forest St.

5. Full Name of Mother,

B. Knoechel

6. Mother's Maiden Name,

B. Gentdrisich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Knoechel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

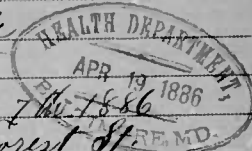
Germany

Name of Medical Attendant, or other Person who makes this Return.

W. A. Blatt

Address, 185 E. cor. Centre av. N. Monument St.

Remarks, All Well



or persons who print or cause to be printed any return or certificate of birth or death, or for each offense to be recovered as other fines and forfeitures are recoverable.

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was received in the same
condition and microfilmed
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assure legibility and com-
pleteness.

RETURN OF A BIRTH.

85450

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

White

May 7th 1886

10 N. Patterson Pk av

Mary Raffle

Mary Becker

Baltimore

Clinton Raffle

Fireman

Baltimore

Mrs. A. Hall &c.

1968 Baltimore St



duty of the parent or person or such child in report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50 for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁸⁷¹⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

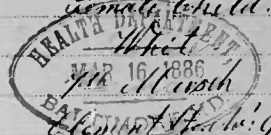
1. Sex, (state whether male or female)

Female Child.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,



4. Place of Birth, (Street and Number)

Elmwood St. No. 9.

5. Full Name of Mother,

Emily Cain.

6. Mother's Maiden Name,

Emily Gay

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Emos Cain

9. Father's Occupation,

Lab. br

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Lizzie Schaeffler.

Address,

Hull St. No. 37. Lower Point

Remarks,

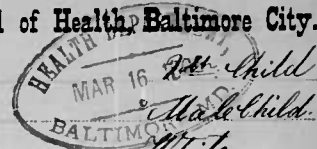
date of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

852/87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2nd Child

2. Race or Color, (if not of the white race)

Male Child

3. Date of Birth,

White

4. Place of Birth, (Street and Number)

Feburary

5. Full Name of Mother,

Crockett St. Bm.

6. Mother's Maiden Name,

Mary Gurek.

7. Mother's Birthplace,

Mary Weipelt.

8. Full Name of Father,

Washington.

9. Father's Occupation,

George Gurek.

10. Father's Birthplace,

Lesterdore

Name of Medical Attendant, or other Person who makes this Return

Baltimore.

Address,

Lizzie Schaeffer

Remarks,

Shull St. 31. S. East Point

report its birth to the Commissioner of Health, in the manner and within the time required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

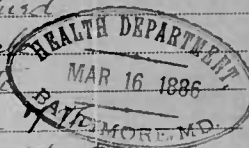
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March



4. Place of Birth, (Street and Number)

39 Scott Street

5. Full Name of Mother,

Helen W. Hollicker

6. Mother's Maiden Name,

Helen W. Winterbottom

7. Mother's Birthplace,

Cambridge Md

8. Full Name of Father,

William Hollicker

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Altamora Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Mrs Anna L. Schaefer

Address,

60 N. Schaefer St.

Remarks,

RETURN OF A BIRTH

85454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7 March*

4. Place of Birth, (Street and Number) *57 Carlton St*

5. Full Name of Mother, *Emma Fiedler*

6. Mother's Maiden Name, *Emma Grahl*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Ernst Fiedler*

9. Father's Occupation, *Harnessmaker*

10. Father's Birthplace, *Germany*

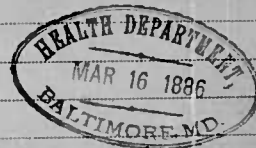
Name of Medical Attendant, or other Person who makes this Return

Mrs Anna Sumner

Address,

40 N. Schrader St.

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

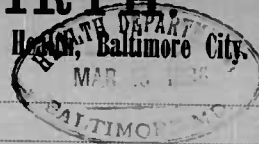
NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 85465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 7th 1885

4. Place of Birth, (Street and Number) 4229 Durham St

5. Full Name of Mother, Mrs. Ann James

6. Mother's Maiden Name, Welch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard James

9. Father's Occupation, Engineer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mr. Gortzke

Address, 1056 N. Bond St

Remarks, _____

If an attendant upon the mother, or other person, in the manner and within the period above required, and any such person
 report its birth to the Registrar of Vital Statistics, Baltimore City, and the mother or other person, shall be liable to a fine of ten dollars
 for each offence to be recovered as other fines and forfeitures are recoverable.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

852456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



and the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

7th March 1886

4. Place of Birth, (Street and Number)

35 Washington St

5. Full Name of Mother,

Mary Coleman

6. Mother's Maiden Name,

Mary Turner

7. Mother's Birthplace,

Dross Mills

8. Full Name of Father,

Charles Coleman

9. Father's Occupation,

Traveling Salesman

10. Father's Birthplace,

Lynchburg Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs Bentley

Address,

6 Pinehart St

Remarks,

Child living



RETURN OF A BIRTH ⁸⁵⁴⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 7th 1886

4. Place of Birth, (Street and Number)

110 S. Ann St.

5. Full Name of Mother,

Lottie Frampton

6. Mother's Maiden Name,

" Bucher

7. Mother's Birthplace,

City

8. Full Name of Father,

Chas. Frampton

9. Father's Occupation,

Dancing Master

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 7th 1886

4. Place of Birth, (Street and Number)

No. 36 Camels Alley

5. Full Name of Mother,

Julia Waters

6. Mother's Maiden Name,

Julia Mothers

7. Mother's Birthplace,

Frederick County, Md.

8. Full Name of Father,

James E. Waters

9. Father's Occupation,

Lumber Business

10. Father's Birthplace,

Washington, Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. J. Johnson

Address,

94 Johnson Street

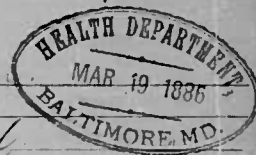
Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 1854/61.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Wheeler
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth 7 March
 4. Place of Birth, (Street and Number) Beathill St. No. 8
 5. Full Name of Mother Gennie. Brown
 6. Mother's Maiden Name Gennie Brown
 7. Mother's Birthplace Baltimore
 8. Full Name of Father William F. Brown
 9. Father's Occupation Porter
 Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. T. Britten
 Address 91. South Jefferson St
 Remarks

name of the mother of such child or children.

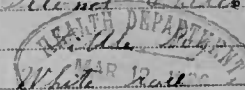
RETURN OF A BIRTH ⁸³⁴⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born 7th of March 1886

4. Place of Birth, (Street and Number)

No. 2 Brun Lane

5. Full Name of Mother,

Mrs. Lohmann

6. Mother's Maiden Name,

Miss Eliza Pagels

7. Mother's Birthplace,

Prison Germany

8. Full Name of Father,

Mr. Lohmann

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Prison Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1017 W. Pratt

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, or for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^{852/63}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 4th child*

1. Sex, (state whether male or female) *Male child*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth

the 7 of March the year of 1886

4. Place of Birth, (Street and Number)

258. yarrow street

5. Full Name of Mother,

Mary Dorsee

6. Mother's Maiden Name,

Mary Cooper

7. Mother's Birthplace,

Watt & Baltimore

8. Full Name of Father,

Martha Cooper

9. Father's Occupation,

Sim mork

10. Father's Birthplace,

Steven doore

Name of Medical Attendant,

or other Person who makes this Return.

Willy C. Gross

Address,

No. 181. yarrow street

Remarks,



See the regulations upon the subject, under the Act of the 10th of March, 1883, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

85464

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *March 4 1896*
4. Place of Birth, (Street and Number) *22 Bolton ally*
5. Full Name of Mother, *Lizzie Griffin*
6. Mother's Maiden Name, *Lizzie Holford*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *William Griffin*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Harlan Carson*
- Address, *37 Warren St*
- Remarks,

Be in attention upon the mother, immediately after the birth, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 11 1886*

4. Place of Birth, (Street and Number) *No. 682 Light St.*

5. Full Name of Mother, *Mary Smith*

6. Mother's Maiden Name, *Hailey*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Michael Smith*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return, *Annie Green*

Address, *634 Light St.*

Remarks,

55466

to report its birth to the Commissioner of Social Security. If the father of any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, and such fines shall be recoverable.

1426

Side

24 Aug

344

Barbara Shattuck

Baltimore December 1873

B. H. ...

11/11/11

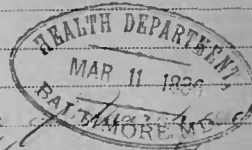
John

10. 10. 10. 10.

altmore

Salina Grosbeak

[Handwritten signature]



RETURN OF A BIRTH ⁸⁵⁴⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th May 1886

4. Place of Birth, (Street and Number) St. J. Warren

5. Full Name of Mother, Mary Ballinger

6. Mother's Maiden Name, Mrs. Hoffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lucia Hoffman

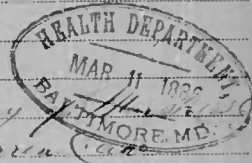
9. Father's Occupation, Paper maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Salina Oranbaker

Address, St. R. West St.

Remarks,



report, in writing, to the Registrar of Vital Statistics, Baltimore City, for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

85468

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth -
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 7, 1886 -

4. Place of Birth (Street and Number)

57 S. Calhoun street -

5. Full Name of Mother

Mary C. Gellers -

6. Mother's Maiden Name

Mary C. Miller -

7. Mother's Birthplace

Eastern Shore of Md.

8. Full Name of Father

John C. Gellers -

9. Father's Occupation

Dairyman -

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

E. C. H. Holbrook, M.D.

Address.

185 N. Carey st -

Remarks

85469

to report the blurb to the Commissioner of Health in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered on either fine and forfeitures are recoverable.

2d

Female

white

7th March

213 Scott St

Heinrich Kammer

" Keyser

Lanaenbach Bayern

George Hammer

works at Equitable Gas works

Brasinn Bayern

Albert Bange

426 Cross street

Co., City Printers and Stationers.



be in attendance upon the mother, immediately thereafter it shall be the duty of the Registrar to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

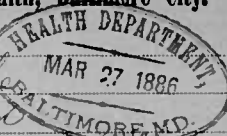
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

GIVEN NAME ADDED 7-19-57



March 7th 1886

180 Lee Street

Ida Krisby

Ida Henry

Baltimore

Joseph Krisby

Stevadore

Baltimore

Angeline Wilson

314 S. Howard Street

RETURN OF A BIRTH. 85471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 7th 1886*

4. Place of Birth, (Street and Number) *#11 S. M. & Elders St.*

5. Full Name of Mother, *Lena Spector*

6. Mother's Maiden Name, *Smansky*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Spector*

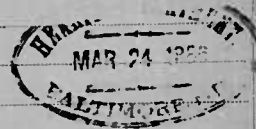
9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Lena Spector*

Address, *#1820 Monument St.*

Remarks,

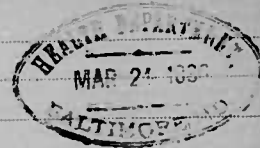


report its birth to the Commissioner of Health, in the manner and within the time prescribed, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the same, and the same shall be recoverable.

RETURN OF A BIRTH. ⁸⁵⁴⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 7th 1886
4. Place of Birth, (Street and Number) #229 N. Howard St.
5. Full Name of Mother, Christie Schlifter
6. Mother's Maiden Name, Beauford
7. Mother's Birthplace, Germany
8. Full Name of Father, Gust Schlifter
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or of Person who makes this Report, Mrs. Lena Kellgeist
- Address, 1826 Monument St.
- Remarks,



report is sent to the Commissioner of Health, in the manner and form provided for in the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 23 1886

4. Place of Birth, (Street and Number)

Hutson St. extended

5. Full Name of Mother,

Elizabeth Kappal

6. Mother's Maiden Name,

Elizabeth Edle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip

9. Father's Occupation,

Barber

Father's Birthplace,

Germany

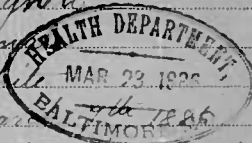
Name of Medical Attendant, or other Person who makes this Return.

Mrs R. D. Garrett

Address,

1000 Burke St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁴⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 20 1886

4. Place of Birth, (Street and Number) 442 Druid St. Baltimore

5. Full Name of Mother, Mary E. Graham

6. Mother's Maiden Name, McLean

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Graham

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Jane Gray

Address, 70 N. Bond St.

Remarks,



Report as to the birth of every child, and the death of every person, who shall hereafter all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

15475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 7, 1886

4. Place of Birth, (Street and Number)

12 Wyndham

5. Full Name of Mother,

Ella Hoffman

6. Mother's Maiden Name,

Anna

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hoffman

9. Father's Occupation,

Shoe Manufacturer

10. Father's Birthplace,

Baltimore

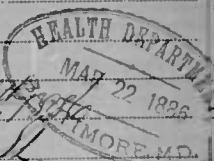
Name of Medical Attendant, or other Person who makes this Return

Dr. J. C. McKim

Address,

146 W. Maryland St.

Remarks,



or persons who will be recovered in other new and forfeitures are recoverable for each offense to be recovered in other new and forfeitures are recoverable

RETURN OF A BIRTH

854 76

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 7. 1886

4. Place of Birth, (Street and Number)

369 Penna Ave

5. Full Name of Mother,

Mary Maacks

6. Mother's Maiden Name,

Mary Debring

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Maacks

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

A. Jinsley M.D.

Address

388 Druid Hill Ave

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Mar 7th 1886
4. Place of Birth, (Street and Number) 442 N Calhoun St
5. Full Name of Mother, Jessie Freshman
6. Mother's Maiden Name, Jessie Wood
7. Mother's Birthplace, Balti City - Md
8. Full Name of Father, Jacob M Freshman
9. Father's Occupation, Watchman
10. Father's Birthplace, Gewistown York Co Md
- Name of Medical Attendant, or other Person who makes this Return, H. C. M. H.
- Address, No 19 Wooderson St
- Remarks, _____



RETURN OF A BIRTH ⁸⁵⁴⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) ^{Female}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{March 7, 1886}

4. Place of Birth, (Street and Number) ^{31 Kennetta St}

5. Full Name of Mother, ^{Essie Rice}

6. Mother's Maiden Name, ^{Essie Roberts}

7. Mother's Birthplace, ^{Va}

8. Full Name of Father, ^{Oriffin Rice}

9. Father's Occupation, ^{Mariner}

10. Father's Birthplace, ^{Va}

Name of Medical Attendant, or other Person who makes this Return. ^{L. B. Webb MD}

Address, ^{50 Marine av}

Remarks,

RETURN OF A BIRTH 85479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Julius Reinhold
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth March 2nd 1886

4. Place of Birth, (Street and Number) N. Castle, S. N.

5. Full Name of Mother Mary Reinhold

6. Mother's Maiden Name Mary Schyl

7. Mother's Birthplace Glauchau, N. Sachsen, Germany

8. Full Name of Father Friedrich Reinhold

9. Father's Occupation Drer

10. Father's Birthplace Glauchau, N. Sachsen, Germany

Name of Medical Attendant, or other person who makes this return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

GIVEN NAME ADDED 12-21-53

h.m.



for each offense to be recovered as other fines and forfeitures are recoverable.

within the period above required, except in the cases of the births and deaths of illegitimate children, and in a kind of test return for each district, to be received as other lines and penalties are receivable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucas

3. Date of Birth, March 7 1886

4. Place of Birth, (Street and Number) Cross St 270

5. Full Name of Mother, John Cornish

6. Mother's Maiden Name, Jane Finster

7. Mother's Birthplace, for mother to

8. Full Name of Father, Henry Cornish

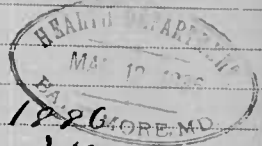
9. Father's Occupation, labor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Sard Jane Wilson

Address, Amphus street 225-1

Remarks, _____



RETURN OF A BIRTH 85481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Harry Gordon

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 8th

4. Place of Birth, (Street and Number) 54 E Lombard St

5. Full Name of Mother, Eda Gordon

6. Mother's Maiden Name, Eda Heitolowich

7. Mother's Birthplace, Russia

8. Full Name of Father, Lewis Gordon

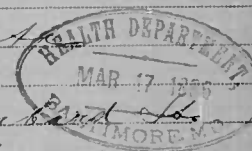
9. Father's Occupation, Pedler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E Scherman

Address, 116 Maple St W 26

Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the same as for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Over
P 5482
Name: *Sadie E. McManus*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 4th 1886*
4. Place of Birth, (Street and Number) *325 N. Broadway*
5. Full Name of Mother, *Amelia Bell McManus*
6. Mother's Maiden Name, *Morse*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Robert H. McManus*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, *S. H. Seldner M.D.*
Address, *2 E. Lor Eager & Caroline Sts*
Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 8, 1886*

4. Place of Birth, (Street and Number) *6 Binney St.*

5. Full Name of Mother, *Henrietta Henderson*

6. Mother's Maiden Name, *Henrietta Howard*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Nathan Henderson*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Magady*

Name of Medical Attendant, or other Person who makes this Return *Mary S. Swayne*

Address, *59 Luzerne St.*

Remarks,



RETURN OF A BIRTH. 852484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth March 8th 1886
4. Place of Birth, (Street and Number) #14 Carter's Alley
5. Full Name of Mother, Annie Howard
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Unknown
9. Father's Occupation, _____
10. Father's Birthplace, _____
11. Name of Medical Attendant, H. M. Latham M.D.
or other Person who makes this Return.
- Address, #186 Maryland Avenue
- Remarks, _____



Persons who shall hereafter fail to comply with the provisions of this section, and for each offence in so recovered as other laws and forfeitures are recoverable.

within the period above required, except in the cases of the infants and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁵⁻⁴¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March the 8th*

4. Place of Birth, (Street and Number) *Monument st and Collington Avenue*

5. Full Name of Mother, *Louisa Benzel*

6. Mother's Maiden Name, *Louisa Lamschke*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Benzel*

9. Father's Occupation, *Milk Dairy*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Henrietta Glascock*

Address, *No 6 Eldersy st extended*

Remarks,



RETURN OF A BIRTH ⁸⁵⁴⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

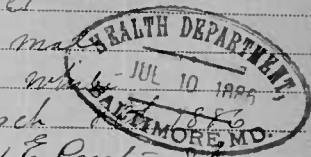
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March
284 E. Preston St
Eliza Messell

Wilex

Baltimore

William Messell

Hat Presser

Pruss

Mr. B. Bellingh

228 E. Preston St

RETURN OF A BIRTH

857187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

8th of March 1886

4. Place of Birth, (Street and Number)

360 Ramsey St. Baltimore Md.

5. Full Name of Mother,

Lucia C. Higginbotham

6. Mother's Maiden Name,

Lucia C. Harris

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John B. Higginbotham

9. Father's Occupation,

R.R. Police

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



of persons who shall register, on to county, and the person who makes this return are recoverable, for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *March 8th 1886*

4. Place of Birth, (Street and Number) *No. 142 E. Ewing*

5. Full Name of Mother, *Lottie Gregory*

6. Mother's Maiden Name, *Dorsey*

7. Mother's Birthplace, *St. Marys Co., Md.*

8. Full Name of Father, *Rhodes Gregory*

9. Father's Occupation, *Butler*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Arnelia Johnson*

Address, *6 Hamilton St*

Remarks, _____



or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars, or to imprisonment for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 8, 1889

4. Place of Birth, (Street and Number) 156 Taylor

5. Full Name of Mother, Sarah Keys

6. Mother's Maiden Name, Sarah Sampson

7. Mother's Birthplace, Cambridge Md.

8. Full Name of Father, Wilhelmina Keys

9. Father's Occupation, Worker

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Hester Keane

Address, 39 E. Monument Street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the same as for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th

4. Place of Birth, (Street and Number)

330 N Broad St

5. Full Name of Mother,

Mary Agnes Wild

6. Mother's Maiden Name,

Stubble

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Clay Wild

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

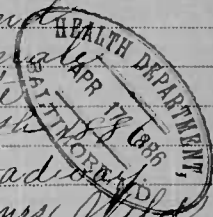
Name of Medical Attendant, or other Person who makes this Return.

S. W. Seldner M. D.

Address,

S. E. Cor. Eager & Caroline Sts

Remarks,



or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

85491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child *Orlando Earl Harwood*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th 1886

4. Place of Birth, (Street and Number)

539 W. Washington St.

5. Full Name of Mother,

Mattie Harwood

6. Mother's Maiden Name,

Harvey

7. Mother's Birthplace,

Baltimore Co.

8. Full Name of Father,

Spring Harwood

9. Father's Occupation,

Car driver

10. Father's Birthplace,

Prince Georges Co.

Name of Medical Attendant, or other Person who makes this Return.

S. W. Seldner M.D.

Address, *S. E. Cor. Eager & Caroline Sts.*

Remarks,

will in this regard show compliance, except in the case of the birth and death of the child, and children, and any other persons who shall hereafter fall to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March the 3, 1886

4. Place of Birth, (Street and Number) Fulrich St. No. 22

5. Full Name of Mother, Laura Beagle

6. Mother's Maiden Name, Laura Widmar

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles S. Beagle

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mr. S. Kelly

Address, No. 127 N. 1st St.

Remarks, _____



RETURN OF A BIRTH ⁸⁵⁴⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 8th 1886*

4. Place of Birth, (Street and Number) *30 Knox Alley Baltimore Md*

5. Full Name of Mother, *Emma Guth*

6. Mother's Maiden Name, *Emma Spence*

7. Mother's Birthplace, *Sturgart Wertenberg*

8. Full Name of Father, *Emil Guth*

9. Father's Occupation, *Confectioner*

10. Father's Birthplace, *Danzig Prussia*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Minnie Graf*

Address, *504 Saratoga St*

Remarks, *Baltimore Md*



Be it enacted, that upon the birth of every child, the mother or person who shall hereafter all in compliance with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁵⁴⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th child 4*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *8 march*

4. Place of Birth, (Street and Number) *Bartlet St Baltimore*

5. Full Name of Mother, *Mary Lanahan*

6. Mother's Maiden Name, *Mary McGinley*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *John Ignatius*

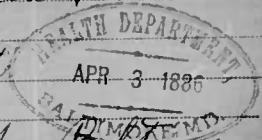
9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *New Haven Connecticut*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Seelock*

Address, *Baltimore 39 West Pratt*

Remarks, *Indoor book
#439 W Pratt St*



Be it remembered, that the undersigned, Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall fail to file the same, or any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 8th 1886*

4. Place of Birth, (Street and Number) *No. 197 Sullivan St.*

5. Full Name of Mother, *Mary Louis*

6. Mother's Maiden Name, *Mary Brakenman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adolf Louis*

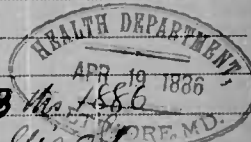
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *M. A. Butt*

Address, *155 So. Central av. N. Monument St.*

Remarks, *All Well*



RETURN OF A BIRTH ⁸⁵⁴⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

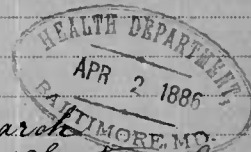
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



8 March

No. 216 S. Eutam St.

Mrs. Catherine Nigengast

Krummer

Baltimore Md

Mr John Nigengast

Labour

Baltimore Md

Mrs Minch

Leadenhall St No 1

Every person who shall neglect to file this Return, or who shall file a false Return, or who shall file a Return in violation of the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *8 march*

4. Place of Birth, (Street and Number) *33 Douglas*

5. Full Name of Mother, *Liza Taylor*

6. Mother's Maiden Name, *Liza Brown*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *John Taylor*

9. Father's Occupation, *Labr*

10. Father's Birthplace, *Wash*

Name of Medical Attendant, or other Person who makes this Return. *Harriet Jackson*

Address, *14 Douglas St*

Remarks, *3*



Report as to the administration of this form shall be made by the Registrar of Vital Statistics, Baltimore City, and shall be subject to the provisions of the section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵²⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 8 / 86

4. Place of Birth, (Street and Number) 167 George St

5. Full Name of Mother, Eliz^h Humphrey

6. Mother's Maiden Name, J. Lawton

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas H Humphrey

9. Father's Occupation, Grocer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address, 179 N. Howard

Remarks,



RETURN OF A BIRTH 13499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 of March

4. Place of Birth, (Street and Number) 12 52 Eastmore

5. Full Name of Mother, Laura Kendall

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Lawrence Kendall

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Sophia Harmon

Address, 70 Granby St.

Remarks,

report in birth to the Commissioner of Health, and the mother and father, and the physician, and the person who makes this Return, shall be subject, to be fined not more than \$100, or imprisoned not more than 30 days, or both, for each offense in the recovery of either fine and imprisonment are recoverable.

RETURN OF A BIRTH ⁸⁵⁵⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

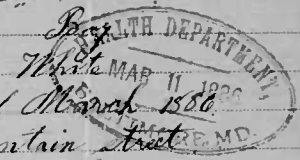
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, *71 North Chapel street per Justina Kunkel*

Remarks, *Healthy.*



be in attendance upon the mother, immediately in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

83.50

report is held to be correct, owner or seller, as the case may be, shall be subjected to the fine of ten (10) dollars for each offense who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as either civil or criminal, as the court may deem proper.

4

Date _____

Anti

S. Bay

3432

Anna Barker

Cona H. Wright

Chlorophyll

John H. R. R. R.

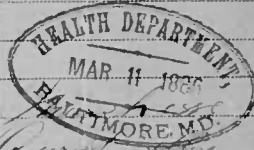
La Berron

[Handwritten signature]

Felicia Oberholzer

James West Jr.

45



83-502

report its assets to the Commissioner of Internal Revenue, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

.....ج

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1. 1. 1.

1 May of March 1858

95 Battery Ave

Henry Harrison

Levy Harrington

Baltimore

Geo. A. Carlisle

Stensil Cutter

Baltimore

Patricia T. Hughes

CH 145 Post 41

City Printers and Stationers.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th day of March 1886

4. Place of Birth, (Street and Number) 24th 89 York St

5. Full Name of Mother, Bridget Carroll

6. Mother's Maiden Name, Bridget Leah

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Carroll

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Helena E. Goshaker

Address, 24th 89 York St

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

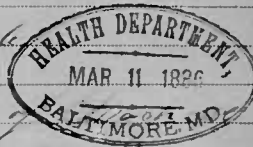
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines shall forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

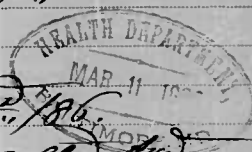
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Maced 8th 1886.
 18. N. Carroll Ave.
 Helen H. Butcher.
 Helen H. Steward
 Baltimore City.
 Frederick A. Butcher.
 Stone Mason.
 Baltimore County, Md.
 John I. P. Stiefel.
 973. Lexington St.

Reports its birth to the County Registrar, of the City of Baltimore, who shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH

85506

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 of March

1856

4. Place of Birth, (Street and Number)

56 Carlton St.

5. Full Name of Mother,

Barbra Dunder

6. Mother's Maiden Name,

Barbra Krieger

7. Mother's Birthplace,

Hessen Darmstadt Germany

8. Full Name of Father,

George Dunder

9. Father's Occupation,

Light Matchman

10. Father's Birthplace,

Bavaria Germany

Name of Medical Attendant, or other Person who makes this return

Martha A. Gledhill

Address,

57 North Schrader St.

Remarks,

RETURN OF A BIRTH

85507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Unborn
Female
Mar 11 1886
Baltimore, Md.
419 Light St.
Augusta Diebhardt
Ghoff.
Germany
Julius Diebhardt
Confectioner
Germany
J. Schwasser, Midwife
330 Hanover St.

Report the birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3-5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th

4. Place of Birth, (Street and Number)

109 Dover

5. Full Name of Mother,

Carolina Bierman

6. Mother's Maiden Name,

Carolina Gunge

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Bierman

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Oliver

Address,

Remarks,

of Columbia Ave

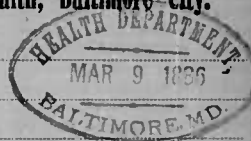


report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex, (*state whether male or female*)

2. Race or Color, (*if not of the white race*)

3. Date of Birth,

March 8th 1886 4:30 A.M.

4. Place of Birth, (Street and Number)

101 N Front St.

5. Full Name of Mother,

Mary Sansome

6. Mother's Maiden Name,

Tollone

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Antonio Sansome

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other person who makes this Return,

Thos. W. H. M. D.

Address,

88 E. Balto St.

Remarks,

Report this birth to the Commissioner of Health, in the manner and within the period aforesaid required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered at other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 5th 1886*

4. Place of Birth, (Street and Number) *#290 Resquith St.*

5. Full Name of Mother, *Angelina Kuester*

6. Mother's Maiden Name, *Gillinger*

7. Mother's Birthplace, *Balto Md.*

8. Full Name of Father, *Jacob Kuester*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Anna Hilgenst*

Address, *#1828 Monument St.*

Remarks,



to be filed in the office of the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

For each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

85511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 23 1896

4. Place of Birth, (Street and Number)

No 23 Burke St

5. Full Name of Mother,

Lena Winks

6. Mother's Maiden Name,

Lena Grepps

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Winks

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Garrett

Address,

Remarks,

be in attendance upon the mother immediately thereafter if and because the duty of the person or persons of each child, to
provide for the maintenance of the child, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
JOHN EDWARD

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th 1886

4. Place of Birth, (Street and Number)

436 N Gay St

5. Full Name of Mother,

Lena Listig

6. Mother's Maiden Name,

" Burr

7. Mother's Birthplace,

Brown Ger

8. Full Name of Father,

William Listig

9. Father's Occupation,

Gun Smith

10. Father's Birthplace,

Saxony Ger

Name of Medical Attendant, or other Person who makes this Return,

Mrs Julia Groom

Address,

400 N Gay St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8.5513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

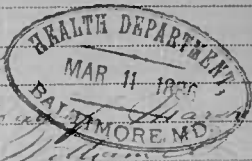
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



RETURN OF A BIRTH ⁸⁰⁵¹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 May of 1888

4. Place of Birth, (Street and Number) 112 20 Wall St

5. Full Name of Mother, Hate Crooning

6. Mother's Maiden Name, Hate Crooning

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Crooning

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Crooning

Address, 112 20 Wall St

Remarks,

report his birth to the Commissioner of Health, in the manner and within the period hereinafter required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Nelson Haehle Burns*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 9th*
4. Place of Birth, (Street and Number) *45 Arlington St.*
5. Full Name of Mother, *Alma F. Burns*
6. Mother's Maiden Name, *Alma F. Haehle*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Burns*
9. Father's Occupation, *Car Driver*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Slifer*
Address, *24 Columbia Ave*
Remarks,



NOTICE

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was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

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Sc 24 ✓

Amelanchier

March 9th

211 942 (C)

Charlie Holmes

Ernest Lindt

Baltimore

Lakes Holmes

Sen - Captain

Castiglione

or other Person who
makes this Return

Louisa Schulte

No. 246 Chow St.

1



RETURN OF A BIRTH ⁸⁵⁵¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *See*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 9th 1886*

4. Place of Birth, (Street and Number) *No 50 E Lombard St.*

5. Full Name of Mother, *Christiana Shwartz*

6. Mother's Maiden Name, *Christiana Klein*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Reinhold Shwartz*

9. Father's Occupation, *Shoe Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *E Scherman*

Address, *Albemarle St W 26.*

Remarks,



be in attendance upon the mother and child, in the manner and within the period above required, and any such person who neglects to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be subject to the fine of five (5) dollars for each return to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, the 13 of March
4. Place of Birth, (Street and Number) 119 North St.
5. Full Name of Mother, Pictopine Metzger
6. Mother's Maiden Name, Pictopine Metzger
7. Mother's Birthplace, Germany
8. Full Name of Father, Leyold Waischenfelder
9. Father's Occupation, Labor
10. Father's Birthplace, Germany
- Name of Medical Attendant, Prossion or other Person who makes this Return.
- Address, 255 South Liberty St.
- Remarks,



report the birth to it. Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16th

4. Place of Birth, (Street and Number) 613 S. Charles St

5. Full Name of Mother, Clara Johnson

6. Mother's Maiden Name, " Wilbur

7. Mother's Birthplace, City

8. Full Name of Father, Edw. Johnson

9. Father's Occupation, Shut iron worker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, J. C. Beach M.D.

Address, 151 Haworth St

Remarks,



Report its facts to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 18 March

4. Place of Birth, (Street and Number) 334 Wilma Street

5. Full Name of Mother, Miss Mary Undutch

6. Mother's Maiden Name, Miss Mary Anne

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mrs. Joseph Undutch

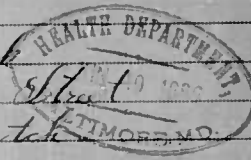
9. Father's Occupation, Sales

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Bozian

Address, 255 E. Liberty Ave

Remarks, _____



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th John Jones Matthews

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Friday March 19th 1886

4. Place of Birth, (Street and Number)

56 Albemarle St.

5. Full Name of Mother

Elizabeth S. Matthews

6. Mother's Maiden Name

Elizabeth S. Jones

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Jos. B. Matthews

9. Father's Occupation

Machinist

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return

Wihner Brinton M.D.

Address

Chas St & Forest Place

Remarks



NOTICE

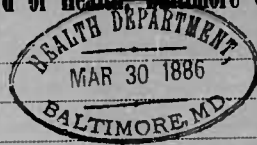
The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁵⁵²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19 March 1886

4. Place of Birth, (Street and Number) 244 Durham St

5. Full Name of Mother, Mary Korak

6. Mother's Maiden Name, Mary Giron

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Korak

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koptish

Address, 874 Washington St

Remarks, _____

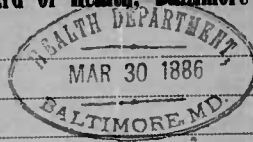
be in attendance upon the mother, during the confinement, and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense, and shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, and shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense.

RETURN OF A BIRTH

85524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 March 1886

4. Place of Birth, (Street and Number) 123 Chester St

5. Full Name of Mother, Mary Balvin

6. Mother's Maiden Name, Mary Rofeska

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Balvin

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Rofeska

Address, 6911 Washington St

Remarks, _____

See to it that the name upon the mother, and the name of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

855-25

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1st) first child*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 19th 1886*
 4. Place of Birth, (Street and Number) *268 N. Mount St. Baltimore*
 5. Full Name of Mother, *Ida Matilda Cadell*
 6. Mother's Maiden Name, *Ida Matilda Bussier*
 7. Mother's Birthplace, *York Pa*
 8. Full Name of Father, *John Franklin Cadell*
 9. Father's Occupation, *Machinist*
 10. Father's Birthplace, *Hampden Co. Ma*
 Name of Medical Attendant, or other Person who makes this Return *J. C. Hennessey*
 Address, *87 S. Paca St*
 Remarks,



RETURN OF A BIRTH 85-526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 March 1886

4. Place of Birth, (Street and Number) 901 Bethel St

5. Full Name of Mother, Mary Steiner

6. Mother's Maiden Name, Mary Hanglik

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Vincent Steiner

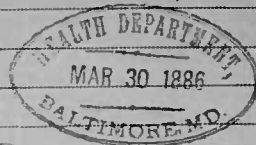
9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Leptak

Address, 671 Washington St

Remarks,



Be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any person who neglects to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

be to attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of the family to
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 March 1886

4. Place of Birth, (Street and Number) 546 Eager st

5. Full Name of Mother, Hannah Nardle

6. Mother's Maiden Name, Hannah Cook

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Nardle

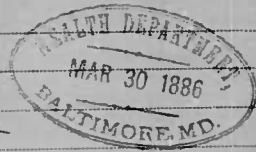
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, Mary Kipitish
or other Person who makes this return

Address,

Remarks,



See the attendance register and the law and regulations of the Health Department, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

19th March

4. Place of Birth, (Street and Number)

366 Mosher

5. Full Name of Mother,

Fannie Doyle

6. Mother's Maiden Name,

Jackson

7. Mother's Birthplace,

Ball.

8. Full Name of Father,

John B Doyle

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Ball

Name of Medical Attendant, or other Person who makes this Return.

J. W. Webster

Address,

101 Barnes

Remarks,



be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth March 19th 1886

4. Place of Birth, (Street and Number) 31 Chestnut Alley

5. Full Name of Mother, Victoria Ward

6. Mother's Maiden Name, Victoria Gray

7. Mother's Birthplace, St Mary's County Md

8. Full Name of Father, George Adlard

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Reister Cotnam

Address, 39 Little Monument St

Remarks, _____



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 1886*

4. Place of Birth, (Street and Number) *353 Mulberry*

5. Full Name of Mother, *Emma Schindler*

6. Mother's Maiden Name, *Wright*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Wm. S. Schindler*

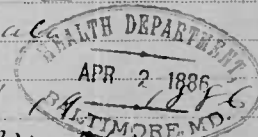
9. Father's Occupation, *Painter*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return, *J. W. Webster*

Address, *101 Banner*

Remarks,



RETURN OF A BIRTH

85-531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



March 19/86

312 Canton St.

Ellice Schein

Brier

Baltimore

John Schein

Cigar Merchant

Baltimore

Mrs. Louise Kraft

142 S. Washington St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵³³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 19th 1886*

4. Place of Birth, (Street and Number) *224 Mulberry St / Baltimore Md*

5. Full Name of Mother, *Gusta Shingle*

6. Mother's Maiden Name, *Gusta Walgen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Shingle*

9. Father's Occupation, *Base Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Minnie Graf*

Address, *504 Lafayette St*

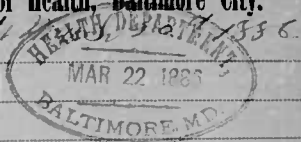
Remarks, *Baltimore Md*



RETURN OF A BIRTH

85533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth. *Balt. March 20th 1886.*

4. Place of Birth, (Street and Number) *146 Chappel St.*

5. Full Name of Mother. *Maggie Brandt.*

6. Mother's Maiden Name. *Maggie Wies.*

7. Mother's Birthplace. *Germany.*

8. Full Name of Father. *William Brandt.*

9. Father's Occupation. *Laborer.*

10. Father's Birthplace. *Germany.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Amend,*

Address, *137 South Wolfe St.*

Remarks, *AD*

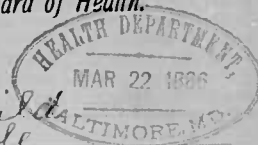
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85534

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

march 20th

4. Place of Birth (Street and Number)

130 Lee St

5. Full Name of Mother

Mary Bias

6. Mother's Maiden Name

Mary Hackett

7. Mother's Birthplace

Cornbridge Md

8. Full Name of Father

Charles Bias

9. Father's Occupation

labour

10. Father's Birthplace

naples annaerundle

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lydia Porter

Address

Remarks

no 4 papisco avenue

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 20th

4. Place of Birth, (Street and Number)

131 N Biddle St

5. Full Name of Mother,

Annie Bauer

6. Mother's Maiden Name,

Annie Baun

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fredrick Bauer

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

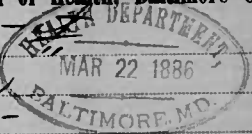
Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Ruffin

Remarks,

24 Columbia Ave
City



RETURN OF A BIRTH.

85536

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Female

White

Mar 20th 1886

145 Spring St

Hannah Goldstein

Hannah Elias

Germany

Leodone Goldstein

Cigar maker

Poland

Wm W Hill M.D.

146 E. Baltimore St



RETURN OF A BIRTH 85537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st of March 1886

4. Place of Birth, (Street and Number)

No 82 East Chase

5. Full Name of Mother,

Annie Dunn

6. Mother's Maiden Name,

Annie Kechler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Dunn

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm Ch Lauer

Address,

No 173 Hayfield

Remarks,

Baltimore

1st 1886

report the birth to the County clerk of the place, in the manner and within the time specified in the provisions of this section, or other Person who makes this Return. for each offense to be recovered as other fine and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 20 / 1886

4. Place of Birth, (Street and Number)

Grant Avenue No 138

5. Full Name of Mother,

Carra Manian

6. Mother's Maiden Name,

Carra Gaies

7. Mother's Birthplace,

Balt

8. Full Name of Father,

James Joseph Manian

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Mrs Etel

Address,

No 138 Cuba St

Remarks,



RETURN OF A BIRTH 85539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 20, 1866*

4. Place of Birth, (Street and Number) *59 S. B. St.*

5. Full Name of Mother, *Mrs. Staley*

6. Mother's Maiden Name, *Don't know*

7. Mother's Birthplace, *Ir. Conn.*

8. Full Name of Father, *Don't know*

9. Father's Occupation, *"*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *A. A. M. in the West*

Address, *119 North Charles St.*

Remarks,

RETURN OF A BIRTH 85540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26th 1886

4. Place of Birth, (Street and Number) 442 Saratoga Popple 442

5. Full Name of Mother, Rebecca S. Ross

6. Mother's Maiden Name, Brundt

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, James A. Ross

9. Father's Occupation, Corker

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Dr. Arnold Schneider

Address, 60 N. Schneider St.

Remarks,



or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March the 20 - 1886

4. Place of Birth, (Street and Number) Baltimore - Spring St Number 101

5. Full Name of Mother, Kate Dickson

6. Mother's Maiden Name, Kate Dorsey

7. Mother's Birthplace, Annapolis

8. Full Name of Father, James Dickson

9. Father's Occupation, Laber

10. Father's Birthplace, Wakarusa

Name of Medical Attendant, or other Person who makes this Return, Susan Morygen

Address, 27 Ducham St

Remarks,



for each offence to be recovered as other fines and forfeitures are recoverable.

transport via birth to the Commissioner of Health, in the manner provided in the regulations. If any person who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

subject the birth to the Commissioner of Health, in the manner in which the birth of persons who shall hereafter fall to comply with the provisions of this section and forfeitures are recoverable.

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RETURN OF A BIRTH 85543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 20 20

4. Place of Birth, (Street and Number) 68 Harrison st

5. Full Name of Mother, Sarah Hackerman

6. Mother's Maiden Name, Sarah Goodman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ben Hackerman

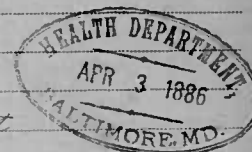
9. Father's Occupation, Tin store

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Dr. David G. Galt

Address, 26 N. Trinit St Baltimore

Remarks, MO.



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report a birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

March 20/1886

4. Place of Birth, (Street and Number)

No 70 E Biddle

5. Full Name of Mother,

Estlin F. Mott

6. Mother's Maiden Name,

Estlin F. Zimmerman

7. Mother's Birthplace,

Kentucky

8. Full Name of Father,

Charles W. Mott

9. Father's Occupation,

Superintendent

10. Father's Birthplace,

Belle

Name of Medical Attendant, or other Person who makes this Return.

Henry A. Howell

Address, 216 N. Pennsylvania St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected in the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



4th
Female
White
March 29th
43 Barnes
Antonie Rezac
" Pintner
Bohemian
Albert Rezac
Tailor
Bohemian
Josephine Conrad
20 Barnes St

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85-546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 March

4. Place of Birth, (Street and Number)

43 Lombard

5. Full Name of Mother,

Minnie Formann

6. Mother's Maiden Name,

Margress

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Benhardt Formann

9. Father's Occupation,

Dry-goods Hauler

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Sarah Coaster

Address,

72 E. Lombard Street

Remarks,



duty of the parent or parents at such child to report its birth to the Board of Health in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any parent or parents who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March the 1st 1886

4. Place of Birth, (Street and Number) Salisbury St No 1481

5. Full Name of Mother, Mary E. Liskner

6. Mother's Maiden Name, Mary E. Liskner

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Liskner

9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Keller

Address, No 797 Pratt St

Remarks, _____



RETURN OF A BIRTH

25548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 20

4. Place of Birth, (Street and Number)

459 N Mount St

5. Full Name of Mother,

Mrs Mary Elizabeth Farley

6. Mother's Maiden Name,

Mary Elizabeth Veith

7. Mother's Birthplace,

Baltimore MD

8. Full Name of Father,

Thomas Farley

9. Father's Occupation,

Telegrapher

10. Father's Birthplace,

Saratoga Springs NY

Name of Medical Attendant,

or other Person who makes this Return.

Susan Hunter

Address,

21 N Bayrethan St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 21st. 1886*

4. Place of Birth, (Street and Number) *657 N. Lexington*

5. Full Name of Mother, *Leann Higon*

6. Mother's Maiden Name, *" Blaken*

7. Mother's Birthplace, *Ohio*

8. Full Name of Father, *Frank Higon*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Ohio*

Name of Medical Attendant, or other Person who makes this Return *Amman & Hill*

Address, *17 N. Calhoun st.*

Remarks,

Report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 21/86

4. Place of Birth, (Street and Number)

59 Elliott St

5. Full Name of Mother,

Josephine R

6. Mother's Maiden Name,

Hafmeister

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Heizer

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

142 S. Washington

Remarks,

RETURN OF A BIRTH ⁸⁵⁵⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1886

4. Place of Birth, (Street and Number)

4 Cannon St

5. Full Name of Mother,

Elizabeth Hagton

6. Mother's Maiden Name,

Elizabeth Canette

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Hartman

9. Father's Occupation,

Brick maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Parry

Address,

No 66 Burke St

Remarks,

Be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person who fails to do so, or who neglects to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 21, 1886

4. Place of Birth, (Street and Number)

Clement St

5. Full Name of Mother,

Lizzie Lipp

6. Mother's Maiden Name,

Lizzie Moore

7. Mother's Birthplace,

Bever, P. S.

8. Full Name of Father,

George Lipp

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balt

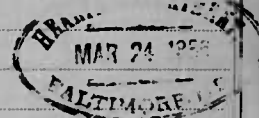
Name of Medical Attendant, or other Person who makes this Return.

Rev. Etzel

Address,

No 13 Cuba St

Remarks,



NOTICE

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was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵⁶⁵⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *March 9 1886*
4. Place of Birth, (Street and Number) *4. Lemon Alley*
5. Full Name of Mother, *Eliza Ann Todd*
6. Mother's Maiden Name, *Eliza Ann Thompson*
7. Mother's Birthplace, *Northumberland Virginia*
8. Full Name of Father, *William Todd*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Easton Shore*
Name of Medical Attendant, or other Person who makes this Return, *Lucindia Wolford*
Address, *130 N. Register St*
Remarks,



RETURN OF A BIRTH

85555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

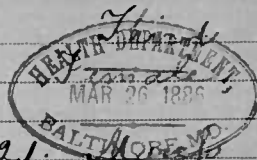
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1886 21.

64 Park Avenue

Mary Anna Dischinger

" " Schewe

Baltimore

Pius Dischinger

Baker

Lands Hansen Baden

Susan Hunter

21 N Poppleton St

For each offense to be recovered as other laws and ordinances are recoverable.

NOTICE

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were received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 5556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Emma Della Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 21st of March

4. Place of Birth, (Street and Number) 912 Bohannon Baltimore

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Mary Dine

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Smith

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Catherine Pelen

Address, 44 Maple St

Remarks,



RETURN OF A BIRTH ⁹⁵⁵⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st March

4. Place of Birth, (Street and Number)

55. Buren st

5. Full Name of Mother,

Mary Brown

6. Mother's Maiden Name,

Mary M. Cormick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick Brown

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Miss Wooden

Address,

120 Greenmount Av

Remarks,



any person or persons who shall hereafter fail to comply with the provisions of this act, or who shall be guilty of any offense under this act, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than five dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

report its birth to the Commissioner of Health in the manner and form provided in this section, and any such person who fails to do so shall be liable to a fine of not more than \$100, and any such person who fails to do so shall be liable to a fine of not more than \$100, and any such person who fails to do so shall be liable to a fine of not more than \$100.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 31st 1896

4. Place of Birth, (Street and Number)

13 Chesapeake St

5. Full Name of Mother,

Gerrill Butler

6. Mother's Maiden Name,

Yenus Price

7. Mother's Birthplace,

Bald County Md

8. Full Name of Father,

John F. Butler

9. Father's Occupation,

Sailorman

10. Father's Birthplace,

Manchester Carroll Co Md

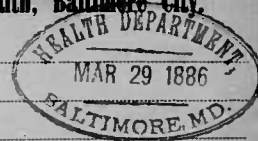
Name of Medical Attendant, or other Person who makes this Return.

Miss Wiley

Address,

Chm 12 Patterson Park avn

Remarks,



RETURN OF A BIRTH ⁸⁵⁵⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{10th}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 21st 1886

4. Place of Birth, (Street and Number)

92 13th Block St

5. Full Name of Mother,

Eliza Evans

6. Mother's Maiden Name,

" Abrams

7. Mother's Birthplace,

City

8. Full Name of Father,

Taylor Evans

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

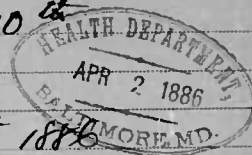
Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Persons who resort to the City of Baltimore for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 21st 1886*

4. Place of Birth, (Street and Number) *A 105 N. Front St.*

5. Full Name of Mother, *Mary Miller*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Albert Miller*

9. Father's Occupation, *R. R. Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Debra Kilgus*

Address, *#182 C. Monument St.*

Remarks,



Birth of any child shall occur in the City of Baltimore, Md., and the person or persons who shall be present at the birth of such child to be in attendance upon the mother, immediately thereafter to file a report of the birth of such child in the form provided for that purpose, and to report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 21st 1886

4. Place of Birth, (Street and Number)

#3 Leadenhall St.

5. Full Name of Mother,

Henrich Kratzer

6. Mother's Maiden Name,

" Brauer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John F. Kratzer

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Hark

Address,

#328 S. Eutan St.

Remarks,



Report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if nat of the white race) *White*

3. Date of Birth. *21 Mar*

4. Place of Birth, (Street and Number) *34 Rose St*

5. Full Name of Mother. *Wilhelmine Northheimer*

6. Mother's Maiden Name, *Gardner*

7. Mother's Birthplace, *Balt*

8. Full Name of Father. *Carl Northheimer*

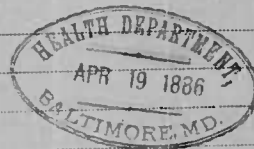
9. Father's Occupation, *Labeler*

10. Father's Birthplace, *Hessen Germ*

Name of Medical Attendant, or other Person who makes this Return *Mrs B. Weiss*

Address, *424 Lancaster St*

Remarks,



RETURN OF A BIRTH ⁸⁵⁵⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is 5th child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *march the 21*

4. Place of Birth, (Street and Number) *no. 5 Stockton alley*

5. Full Name of Mother, *Emmer Harkings*

6. Mother's Maiden Name, *Emmer Walker*

7. Mother's Birthplace, *frederick city maryland*

8. Full Name of Father, *William Harkings*

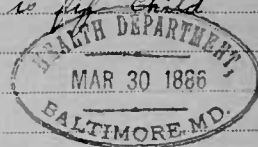
9. Father's Occupation, *Wood Coper*

10. Father's Birthplace, *richmond va*

Name of Medical Attendant, or other Person who makes this Return.

Address, *no 24 ~~Stockton~~ Wagon alley gorgeome-Walk*

Remarks,



in accordance with the Ordinance, immediately hereafter it shall be the duty of the Registrar of Vital Statistics, Board of Health, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Ordinance, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other than and forfeitures are recoverable.

RETURN OF A BIRTH 85564

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...2



So long as the person or persons who shall become the duly or persons or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, no such offense to be recovered as a civil fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 March 1886

4. Place of Birth, (Street and Number) 265 Lancaster st

5. Full Name of Mother, Telba Gronske

6. Mother's Maiden Name, Telba Gronske

7. Mother's Birthplace, Poland

8. Full Name of Father, Frank Gronske

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return...

Mary Kaptish

Address, 69 N Washington st

Remarks,



In attendance upon the mother, immediately after the birth of the child, the person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered at other date and forfeitures are recoverable.

RETURN OF A BIRTH

85566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 March 1886

4. Place of Birth, (Street and Number) 101 Fayette Court

5. Full Name of Mother, Josephine Kircher

6. Mother's Maiden Name, Josephine Boer

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Kircher

9. Father's Occupation, Tyler

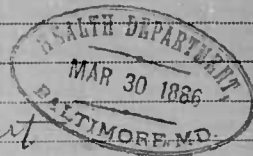
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

May Koptew

Address, 6211 Washington St

Remarks,



RETURN OF A BIRTH. 80567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 21st 1886

4. Place of Birth, (Street and Number)

323 A. Gay St.

5. Full Name of Mother,

Mary Parodi

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Mattino Parodi

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Italy

Name of Medical Attendant,

or other Person who makes this Return.

J. H. Scarff M.D.

Address,

Charles & Centre Sts

Remarks,



See in attendance upon the mother, immediately thereafter if shall be over the duty of the person or persons who shall report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵⁵⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 21st 1886

4. Place of Birth, (Street and Number)

316 S Dallas St

5. Full Name of Mother,

Wilhelmine Tiedebell

6. Mother's Maiden Name,

Jersheid

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Tiedebell

9. Father's Occupation,

Rigger

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Elizabeth Betz

Address,

120 Bank St.

Remarks,

be in accordance with the provisions of the Act, and shall be subject to the penalty of ten dollars for each offense.

RETURN OF A BIRTH

85569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 21 1886

4. Place of Birth, (Street and Number)

35 Lemon near Layson St

5. Full Name of Mother,

Mary S. Gabrio

6. Mother's Maiden Name,

Mary S. Heck

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William F. Gabrio

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Lindner

Address,

417 S. Monroe

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵⁵⁷¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) Baltimore Clement St. 1818

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

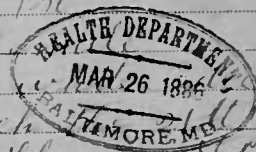
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



Edmund J. Gunkler
laborer
Baltimore
Elizabeth Kuthorn
light st No 432

RETURN OF A BIRTH,

85571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second, child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Tuesday, March 20th 1886

4. Place of Birth, (Street and Number)

Baltimore, 631 Light St

5. Full Name of Mother

Mary E. Amer

6. Mother's Maiden Name

Mary E. Caldwell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John H. Amer

9. Father's Occupation

Baker

10. Father's Birthplace

Baltimore (Elizabeth Donaldson)

Name of Medical Attendant, or other Person who makes this Return.

Address

Bird and Heath Sts.

Remarks

Mother and child doing well



name of the mother of such child or children.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8.55 7/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 23

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Male

3. Date of Birth, 22 March

4. Place of Birth, (Street and Number) 19 Dover St

5. Full Name of Mother, Dora Kniff

6. Mother's Maiden Name, Reinhold

7. Mother's Birthplace, Europe

8. Full Name of Father, John Kniff

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rose Mhy

Address,

218 Hollan St

Remarks,

Balt



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 22

4. Place of Birth, (Street and Number)

35 Littlefield St

5. Full Name of Mother,

Ettie Goldberg

6. Mother's Maiden Name,

Ettie Gou

7. Mother's Birthplace,

Wisho Poland

8. Full Name of Father,

Phillip Goldberg

9. Father's Occupation,

Operator

10. Father's Birthplace,

Wisho Poland

Name of Medical Attendant, or other Person who makes this Return.

Beccie Weiner

Address,

46 Caroline St

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall neglect to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵⁵⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 2nd 1886

4. Place of Birth, (Street and Number)

No. 22 Rice St. City

5. Full Name of Mother,

Annie Jefferson

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Fredricksburg Md

8. Full Name of Father,

Wm. R. Jefferson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Charles Proctor mid-wife

Address,

No. 10 Carlton St. City

Remarks,

RETURN OF A BIRTH 85575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 of March 1886

4. Place of Birth, (Street and Number) 126 Biddle Street near Valley

5. Full Name of Mother, Katie Diodach

6. Mother's Maiden Name, Katie Doetch

7. Mother's Birthplace, Germany

8. Full Name of Father, Jas. M. Diodach

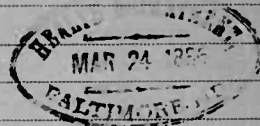
9. Father's Occupation, Sculptor & Carver Builder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Christina Same

Address, 173 Harbor Ave

Remarks, 1886



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Secured for other persons to be made known to the Registrar, in the manner provided for in the Act, and then leaving the duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of children born to parents who have been convicted of an offense under the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁵⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

March 21 1886

4. Place of Birth, (Street and Number)

Chim st 104

5. Full Name of Mother,

Maria Abott

6. Mother's Maiden Name,

Maria Johns

7. Mother's Birthplace,

Pottsville Pa

8. Full Name of Father,

William Abotts

9. Father's Occupation,

Carper

10. Father's Birthplace,

Chatham Co Va

Name of Medical Attendant, or other Person who makes this Return

Sarah J Wilson

Address,

252 Thuyler St

Remarks,

any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each child to be returned as other aforesaid and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 22nd 1886

4. Place of Birth, (Street and Number)

Baltimore City 452 Federal St

5. Full Name of Mother,

Annie C. Hook

6. Mother's Maiden Name,

Annie C. Musgrove

7. Mother's Birthplace,

Baltimore, County, Ind

8. Full Name of Father,

Colman, Coft

9. Father's Occupation,

Locomotive Engineer

10. Father's Birthplace,

Baltimore County Ind

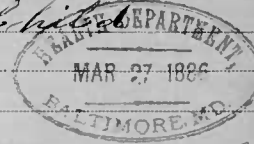
Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah, Wooden

Address,

No 120 Greenmount Avenue

Remarks,



RETURN OF A BIRTH 86578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March the 22. 1876

4. Place of Birth, (Street and Number) S. Central Av. No. 5

5. Full Name of Mother, Amalia Bach

6. Mother's Maiden Name, Amalia Bauer

7. Mother's Birthplace, Bald^o City

8. Full Name of Father, George Boik

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, Liegnitz, Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Müller*

Address, *W. Dallas St. No 26.*

Remarks,



Reports in regard to the Commissioner as to health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 of March 1886

4. Place of Birth, (Street and Number) 111. Hollins St

5. Full Name of Mother, Mary McGraw

6. Mother's Maiden Name, Mary Madigan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Philip McGraw

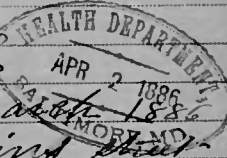
9. Father's Occupation, Machinist

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Dr. Hunter

Address, 21 N. Poppleton St

Remarks,



Record is kept by the Registrar of Births, Deaths, and Marriages, and any person who shall neglect to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85-580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 22, 1886

4. Place of Birth, (Street and Number)

193 Lombard St.

5. Full Name of Mother,

Ema Knoblauch

6. Mother's Maiden Name,

Seitz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Knoblauch

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mrs. Louise Kraft

Address,

142 S. Washington St.

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

March 23

4. Place of Birth, (Street and Number)

No 555 E. Fayette

5. Full Name of Mother,

Josephine Hornum

6. Mother's Maiden Name,

Cooper

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Michael Hornum

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balto Germany

Name of Medical Attendant, or other Person who makes this Return.

Henry A. Dierck

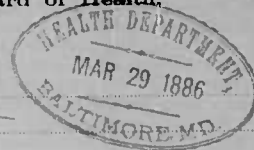
Address, 251 N. Trench St

Remarks,



RETURN OF A BIRTH 85582

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Mar 22, 1886

4. Place of Birth, (Street and Number)

No 26 1/2 Fayette St

5. Full Name of Mother,

Frances Steinhardt

6. Mother's Maiden Name,

Frances Baumgarten

7. Mother's Birthplace,

In Celle, Germany

8. Full Name of Father,

Leopold Steinhardt

9. Father's Occupation,

Retired merchant

10. Father's Birthplace,

Bavaria, Germany

Name of Medical Attendant, or other Person who makes this Return

A. Friedman M.D.

Address,

88 E. Euter St

Remarks,

RETURN OF A BIRTH,

85583

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Monday, March 22d, 1886.

4. Place of Birth, (Street and Number)

Baltimore, Biltmore Ave. 277

5. Full Name of Mother

Rachael Rennels

6. Mother's Maiden Name

Rachael Preston

7. Mother's Birthplace

Dixton County, Va.

8. Full Name of Father

John Rennels

9. Father's Occupation

Laborer

Father's Birthplace

North East, Md.

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Donaldson

Address

Bird and Heath Streets

Remarks

Mother and child doing well

made by the mother of the child or children.

RETURN OF A BIRTH

15584

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *George Harvey Hill*

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *March 22^d 1886*

4. Place of Birth, (Street and Number) *117 Arlington Avenue*

5. Full Name of Mother, *Emma D Hill*

6. Mother's Maiden Name, *Emma Dickinson*

7. Mother's Birthplace, *Richmond Indiana*

8. Full Name of Father, *J Harvey Hill*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *Lycening Co Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return

Address, *J Harvey Hill MD*

Remarks, *117 Arlington Ave*



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH,

85583

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Monday, March 22d, 1886

4. Place of Birth, (Street and Number) Baltimore, Battery Ave. 277

5. Full Name of Mother Rachael Rennels

6. Mother's Maiden Name Rachael Preston

7. Mother's Birthplace Pittston County, Va.

8. Full Name of Father John Rennels

9. Father's Occupation Laborer

Father's Birthplace North East, Md.

Name of Medical Attendant, or other Person who makes this Return. E. W.abeth Donaldson

Address Bird and Heath Streets

Remarks Mother and Child doing well

name of the mother of such child or children.

RETURN OF A BIRTH

85584

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 2-15-55

BALTIMORE CITY.

Name: *George Harvey Hill*

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

—

3. Date of Birth,

March 22^o 1886

4. Place of Birth, (Street and Number)

127 Arlington Avenue

5. Full Name of Mother,

Emma D Hill

6. Mother's Maiden Name,

Emma Dickinson

7. Mother's Birthplace,

Richmond Indiana

8. Full Name of Father,

J Harvey Hill

9. Father's Occupation,

Physician

10. Father's Birthplace,

Lycoming Co Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

J Harvey Hill MD

Address,

127 Arlington Ave

Remarks,



In the absence of the person whose birth is reported, the person reporting the birth, or the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 22 March

4. Place of Birth, (Street and Number) 315 W Pratt St

5. Full Name of Mother, Rosie Black

6. Mother's Maiden Name, Rosie Levine

7. Mother's Birthplace, Charlottesville Va

8. Full Name of Father, Morris Black

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. 315 W Pratt St

Address, 315 W Pratt St

Remarks, Mrs. Suback
#1439 W Pratt St



any person or persons who shall attempt to fail to comply with the provisions of this section shall be subject to a fine of ten dollars. Each offense, to be recovered, no other like first penalty, is non-renewable.

any person or persons who, within the period allowed to a filer of such return, to a filer of such return,

ITS PRINT

100



RETURN OF A BIRTH 85587

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1 Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



male
white
22 March
205 Laretage St
Lily Barron
Lily Colton
Russett Polen
James Barron
Mechanic
Baltimore
D. Helmann
20 Barr St Baltimore

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons at such birth, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁵⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 2nd

4. Place of Birth, (Street and Number) 420 N. E. Jan St

5. Full Name of Mother, E. H. noles

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edwin H. noles

9. Father's Occupation, Flour Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr. B. Billings

Address, 228 E. Franklin

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period as may be required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 855911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 March 1886

4. Place of Birth, (Street and Number) 507 Noeldry St

5. Full Name of Mother, Bernardine Fisher

6. Mother's Maiden Name, Joe Fisher

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernardine Blothkamp

9. Father's Occupation, Dredger

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Koptich

Address, 69 N Washington St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered, etc.

RETURN OF A BIRTH ⁸⁵⁵⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Samuel Elmer Armiger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23rd 1886

4. Place of Birth, (Street and Number) 145 Johnson St.

5. Full Name of Mother, Florence Olivia Armiger

6. Mother's Maiden Name, Knight

7. Mother's Birthplace, Ind.

8. Full Name of Father, Joseph Armiger

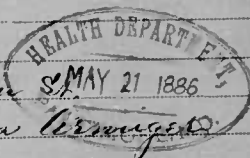
9. Father's Occupation, Laborer

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other Person who makes this Return, Robert E. Rowe, M.D.

Address, 333 Light St.

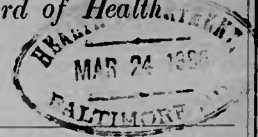
Remarks, Would have been returned sooner but had no blank



RETURN OF A BIRTH, 85592

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth Tuesday morning 10 o'clock March 23rd 1888

4. Place of Birth, (Street and Number) 26 O'Donnell St

5. Full Name of Mother Lena Schrom

6. Mother's Maiden Name Lena Meyer

7. Mother's Birthplace Baltimore City

8. Full Name of Father Geo J Schrom

9. Father's Occupation House and Sign Painter

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J E. Richardson M.D.

Address 28 O'Donnell St

Remarks A fine large boy both Mother and Child

are doing well

name of the mother of such child or children.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Female

White

23rd May 1886

214 William St

Annie Melker

Annie Harold

Hanover

Henry Melker

Carpenter

Hanover

Julia G. Gresham

214 William St

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th



1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 23rd 1886

4. Place of Birth, (Street and Number) 522 Stockden Alley

5. Full Name of Mother, Sarah Holland

6. Mother's Maiden Name, Crumpton

7. Mother's Birthplace, Frederick Co Md

8. Full Name of Father, Wm Holland

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Mount Airy Co N.C.

Name of Medical Attendant, or other Person who makes this Return Mrs Charlotte Proctor

Address, No 10 Carlton St City

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

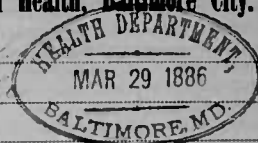
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



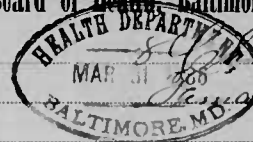
Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each default to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

March 20 1886

12 Marshall Av.

Annie Koch

Demare

America

Charles Koch

Shoemaker

Germany

J. L. Hovasser Midwife

330 Hanover St.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health. In the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 23

No 145 N Broadway

Elizabeth F. McCormack

William

Baltimore

Charles McCormack

Clerk

New Jersey

Henry A. Marshall

151 N. Pennsylvania St

RETURN OF A BIRTH 855 98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 25th 1886

4. Place of Birth, (Street and Number),

etc 380 N. Washington St.

5. Full Name of Mother,

Caroline Killmeyer

6. Mother's Maiden Name,

Caroline Bueh

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Killmeyer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Butt

Address, 185 S. E. cor Central av. & Monument St.

Remarks, Unhealthy - no Child



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fines of 1 in (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or who furnishes false information, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female
White

2. Race or Color, (if not of the white race)

3. Date of Birth

March



4. Place of Birth, (Street and Number)

44 Barnes St

5. Full Name of Mother,

Ana Zelenka

6. Mother's Maiden Name,

Student

7. Mother's Birthplace,

" Bohemia

8. Full Name of Father,

Joseph Zelenka

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Josephine Comas

Address,

20 Barnes St

Remarks,

report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

83-600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth March 23

4. Place of Birth, (Street and Number) 1641 S. Howard St

5. Full Name of Mother, Ella Montgomery

6. Mother's Maiden Name, Ella Williams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alfred Montgomery

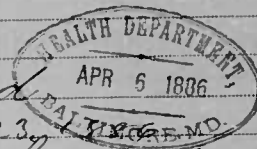
9. Father's Occupation, Labor

10. Father's Birthplace, Church Creek Dorchester

Name of Medical Attendant, or other Person who makes this Return. Schooler Williams

Address, 1641 S. Howard St

Remarks, five dollars



RETURN OF A BIRTH

85601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 23rd 1886*

4. Place of Birth, (Street and Number) *Madison, Allegany Co. Md.*

5. Full Name of Mother, *Mary Elizabeth Harvey*

6. Mother's Maiden Name, *Mary Elizabeth Cassaway*

7. Mother's Birthplace, *Baltimore Co. Md.*

8. Full Name of Father, *Amos W. Harvey*

9. Father's Occupation, *Drayman and Waggoner*

10. Father's Birthplace, *Wetford Batts. Co. Md.*

Name of Medical Attendant, *Dr. Henryetta Glascoe*
or other Person who makes this Return

Address, *She is worthy*

Remarks.



RETURN OF A BIRTH

85602

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 23rd*

4. Place of Birth, (Street and Number) *W. Chester St near*

5. Full Name of Mother, *Francis G. Norfolk*

6. Mother's Maiden Name, *Francis G. Fox*

7. Mother's Birthplace, *Ellicott City Maryland*

8. Full Name of Father, *John Wesley Norfolk*

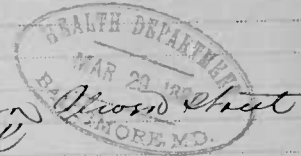
9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Baltimore City, Maryland*

Name of Medical Attendant, or other Person who makes this Return. *J. Turgill Masten*

Address, *Edmund Avenue*

Remarks, *Mr. Ray - Nurse*



RETURN OF A BIRTH ⁸⁵⁶⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
- Sex, (state whether male or female).....
- Race or Color, (if not of the white race).....
- Date of Birth.....
- Place of Birth, (Street and Number).....
- Full Name of Mother.....
- Mother's Maiden Name.....
- Mother's Birthplace.....
- Full Name of Father.....
- Father's Occupation.....
- Father's Birthplace.....
- Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*
- Address, *21 N. Poppleton St.*
- Remarks.....



RETURN OF A BIRTH ⁸⁵⁶⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 23 March

4. Place of Birth, (Street and Number) 19 Blesser

5. Full Name of Mother, Dora Bare

6. Mother's Maiden Name, Psick

7. Mother's Birthplace, Germany

8. Full Name of Father, Markes Bare

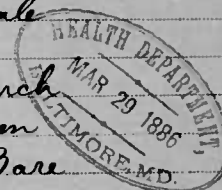
9. Father's Occupation, liquor dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard street

Remarks, _____



report the birth to the Registrar of Births, Deaths and Marriages, within the limits of this section, shall be subjected to the fine of ten (10) dollars or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH⁸⁵⁶⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 23 / 1886*

4. Place of Birth, (Street and Number) *436 West Fayette St.*

5. Full Name of Mother, *Louisa Patten*

6. Mother's Maiden Name, *Louisa Schroth*

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *Geo. W. Patten*

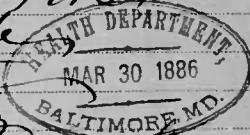
9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *V. L. Morris M.D.*

Address, *436 W. Fayette St.*

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

report its birth in this Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

85-606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

APR 3 1886

BALTIMORE MD.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 13 1886

4. Place of Birth, (Street and Number)

Maternite, 161. N. Lombard St.

5. Full Name of Mother,

Jessie Crocker

6. Mother's Maiden Name,

Ad

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

William A. Clarke M.D.

Address,

Maternite

Remarks,

Chief of the Bureau of Vital Statistics, Baltimore, Md.
No. of the year of the parents of such child to report as long as the child is living, and the date of the birth and death of illegitimate children, and
within the period above required, except in the case of the child, to comply with the provisions of the Act of 1886, and to subject
any person or persons who shall hereafter fail to comply with the provisions of the Act of 1886, to be removed as other fines and penalties are removable
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are removable.

RETURN OF A BIRTH

85607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st
White
March 23 - 1886
422 Camp St.
Lottie Spender
" Holbaugh
Maryland
John T. Hunter
Clerk
Maryland
Dr. R. Lewis
162 Hancock St.

report the birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March 23^d 1886

4. Place of Birth, (Street and Number) 219 Lee St.

5. Full Name of Mother, Larrah C. Fisher.

6. Mother's Maiden Name, " Zimmerman

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Berj. F. Fisher.

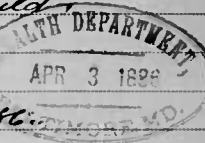
9. Father's Occupation, Police

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return, R. J. H. Tall. M.D.

Address, 152 Sharp St.

Remarks, _____



RETURN OF A BIRTH ⁸⁵⁶⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th
4. Place of Birth, (Street and Number) McBride Place
5. Full Name of Mother, Annie Hession
6. Mother's Maiden Name, Annie Gorman
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Hession
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, Christina Sauer
or other Person who makes this Return.
- Address, 173 Bedford Ave
- Remarks, Baltimore Md 1886



Report the birth to the Commissioner of Health, in the manner set forth in the printed form required, and the fee of \$1.00 shall be paid by the mother or other person who makes this return. If the mother or other person who makes this return shall fail to comply with the provisions of this section, she shall be liable to a fine of \$1.00 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 55610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Wed March 24th 1886.

4. Place of Birth, (Street and Number)

12 Brown's Lane

5. Full Name of Mother

Minnie Winder

6. Mother's Maiden Name

Minnie Lennig

7. Mother's Birthplace

Germany

8. Full Name of Father

Theodor Winder

9. Father's Occupation

Machinist

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Catherine Bell

Address

1157 Bantloe St.

Remarks

RETURN OF A BIRTH

85611

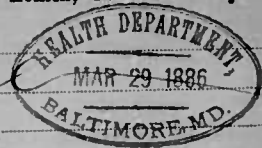
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6.

Sex, (state whether male or female)

Girl



2. Race or Color, (if not of the white race)

3. Date of Birth,

24th March. 1886.

4. Place of Birth, (Street and Number)

Nord. Durham Str. No 31. Baltimore

5. Full Name of Mother,

Christina Thriening

6. Mother's Maiden Name,

Christina Hage.

7. Mother's Birthplace,

Bickelsberg near Hurtleberg Germania

8. Full Name of Father,

Theodor Thriening

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Beyersdorf near Litz Germania

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. M. Marmel Midwife

Address,

No 8 Pearl St.

Remarks,

for persons who shall neglect to return this form, or for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*



1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March the 2^d, 1886*

4. Place of Birth, (Street and Number) *Bank St. No 20*

5. Full Name of Mother, *Katharine Eversmeyer*

6. Mother's Maiden Name, *Katharine Muhle*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Friedrich Eversmeyer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this return, *Mary E. Müller*

Address, *N. Dallas St. No 26.*

Remarks, _____

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

85613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24 March 1886*

4. Place of Birth, (Street and Number) *198 Park St*

5. Full Name of Mother, *Sarah Burgan*

6. Mother's Maiden Name, *Hartner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Burgan*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Miss Wiley*

Address, *12 Patterson Park*

Remarks,



RETURN OF A BIRTH.

85614

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether ~~Male~~ or Female).

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 24th 1886

4. Place of Birth (Street and Number)

449 Eutaw Place

5. Full Name of Mother

Agnes S. McCormick.

6. Mother's Maiden Name

" Selden

7. Mother's Birthplace

Virginia

8. Full Name of Father

Thomas Hugh McCormick

9. Father's Occupation

Physician

Father's Birthplace

Louisiana

Name of Medical Attendant, or other Person who makes this Return.

T. P. McCormick M.D.

Address

451 Eutaw Place

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 85 6 15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 24th 1886

4. Place of Birth, (Street and Number)

110 Thames St

5. Full Name of Mother,

Henrietta Ham

6. Mother's Maiden Name,

" Dortzahn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Casten Ham

9. Father's Occupation,

School Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, or who make any false statement in this Return, shall be subjected to the fine of ten (10) dollars for each offense to be recovered at other times and for failure to be recoverable.

report in this section, to the Commissioner of the Department of Health, Baltimore City, who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 March

4. Place of Birth, (Street and Number) Do Ham St. No. 52

5. Full Name of Mother, eterna Deinlein

6. Mother's Maiden Name, Dezer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Deinlein

9. Father's Occupation, _____

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. Maurer

Address, _____

Remarks, Cents. Market Place No. 11



persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *24 Mar 1886*

4. Place of Birth, (Street and Number) *Bank St.*

5. Full Name of Mother, *Theresa Badinger*

6. Mother's Maiden Name, *" " Mergel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Isak Kol. Badinger*

9. Father's Occupation, _____

10. Father's Birthplace, *Dererbach. Eussas Lettingen*

Name of Medical Attendant, or other Person who makes this Return. *German*

Address, *Mrs. Maurer*

Remarks, *Centr. Market Space No. 15*



report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of it in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child.
Married.
MAY 31 1886
BALTIMORE, MD.
March 22 1886.
929 Charles St.
Barbara Marke.
Wenger.
America.
George Marke.
Marisher.
America.

J. Schwasser, Midwife.
330 Hanover St

RETURN OF A BIRTH ⁸⁵⁶¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16 1886

4. Place of Birth, (Street and Number) Richman St. Baltimore, MD.

5. Full Name of Mother, Hanner Crough

6. Mother's Maiden Name, Hanner Cough

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Cough

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mr. S. Kelly

Address, No 797 Pratt St

Remarks, _____



any person or persons who shall be liable for each failure to be returned as other lines and penalties are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 24 1886

4. Place of Birth, (Street and Number)

288 Jefferson St.

5. Full Name of Mother,

Jennie Armstrong

6. Mother's Maiden Name,

" Kennard

7. Mother's Birthplace,

Balto. Md

8. Full Name of Father,

J. F. Armstrong

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balto. Md

Name of Medical Attendant, or other Person who makes this Return.

Peira E. Dauschmidt

Address,

325 E. Balto. St.

Remarks,



RETURN OF A BIRTH 85621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 24th 1886

4. Place of Birth, (Street and Number)

No. 97 W. Monument Street

5. Full Name of Mother,

Mary G. Macker

6. Mother's Maiden Name,

Mary G. Preston

7. Mother's Birthplace,

Macou Georgia

8. Full Name of Father,

Arthur W. Macker

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes the Return

H. P. Wilson

Address.

146 Park St.

Remarks.

RETURN OF A BIRTH ⁸⁵⁶²²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 24th*

4. Place of Birth, (Street and Number) *226 Perice St.*

5. Full Name of Mother, *Barbara Cramlit*

6. Mother's Maiden Name, *Barbara Smith*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Harry Cramlit*

9. Father's Occupation, *Boiler Maker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant,

or other Person who
makes this Return

Address, *L. E. C. Cor Sartoga & Poppleton St*

Remarks,



RETURN OF A BIRTH 85623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 27 1886

4. Place of Birth, (Street and Number) 403 N. Gibson St

5. Full Name of Mother, Jane A. Begg

6. Mother's Maiden Name, "Va" S. Begg

7. Mother's Birthplace, Same as Father

8. Full Name of Father, Same as Mother

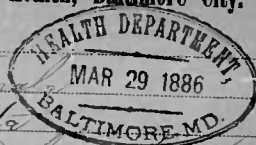
9. Father's Occupation, Same as Mother

10. Father's Birthplace, Same as Mother

Name of Medical Attendant, or other Person who makes this Return, Dr. J. C. M. H.

Address, 111 N. Howard St

Remarks,



Report its birth to the Commissioner of Health, in the manner and at the time prescribed, and any such person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

24 March

4. Place of Birth, (Street and Number)

37 Fawn

5. Full Name of Mother,

Annie Henry

6. Mother's Maiden Name,

Genain

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Henry

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

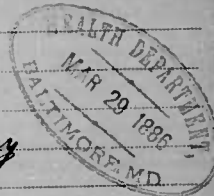
Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard street

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter be found guilty of neglecting to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

female
colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

24

4. Place of Birth, (Street and Number)

108 North Regester Street.

5. Full Name of Mother,

Mary E. Lane

6. Mother's Maiden Name,

Mary E. Townsend

7. Mother's Birthplace,

Pocomoke City Md

8. Full Name of Father,

John A. Lane

9. Father's Occupation,

Gumyard

10. Father's Birthplace,

Pocomoke City Md

Name of Medical Attendant, or other Person who
makes the Return

Address,

H. H. Smith 100 Mulberry St.

Remarks,



RETURN OF A BIRTH.

85626

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child



1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

March 24 - 1886

4. Place of Birth, (Street and Number)

7 Bradford

5. Full Name of Mother,

Minnie Volby

6. Mother's Maiden Name,

Loeb

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Volby

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Hoire

Address,

151 E. Pratt

Remarks,



or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH P5628

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24th 1886

4. Place of Birth, (Street and Number) 45 McCalloch St. Balt.

5. Full Name of Mother, Helen C. Reynolds

6. Mother's Maiden Name, Helen C. Dunnington

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Reynolds

9. Father's Occupation, Sawmill Kleeper

10. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other Person who makes this Return Wesley S. Platt M.D.

Address, 165 Park Ave

Remarks,



RETURN OF A BIRTH ⁸⁵⁶²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{March 21st 1886}

4. Place of Birth, (Street and Number) ^{113-114 West Street}

5. Full Name of Mother, ^{Laura M. Borne}

6. Mother's Maiden Name, ^{Laura M. Voghsang}

7. Mother's Birthplace, ^{Baltimore City Maryland}

8. Full Name of Father, ^{Edward D. Borne}

9. Father's Occupation, ^{Sheet iron worker}

10. Father's Birthplace, ^{Baltimore Maryland}

Name of Medical Attendant, or other Person who makes this Return, ^{G. F. Wiley M.D.}

Address, ^{145-5 Lombard St}

Remarks,



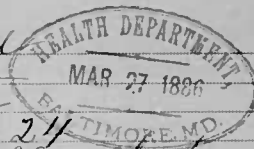
Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85630

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *March 24*
4. Place of Birth (Street and Number) *Baltimore 114 Hill Street*
5. Full Name of Mother *Annie Deakins Kingold*
6. Mother's Maiden Name *Deakins*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles E. Randall*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Harford County*
Name of Medical Attendant, or other Person who makes this Return. *Fannie Granby*
Address *69 Leadenhall St*
Remarks *Living well*



name of the mother or such other person as may be required to make this return.

RETURN OF A BIRTH

85631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

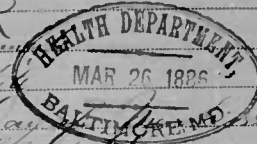
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 15 March

4. Place of Birth, (Street and Number) P. Washington M. 112

5. Full Name of Mother, Charlotte Springer

6. Mother's Maiden Name, Stube

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. Springer

9. Father's Occupation, Shoemaker

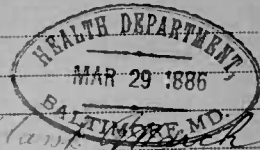
10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs. M. Maemel, Midwife

or other Person who makes this Return.

Address, No 8 Pearl str

Remarks,



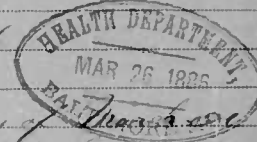
or persons who shall be liable for each offense to be recovered as other fines and forfeitures are recoverable.

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25th May 1885*
4. Place of Birth, (Street and Number) *24th E. Light St*
5. Full Name of Mother, *Lizzie Lewis*
6. Mother's Maiden Name, *Lizzie M. S. Lee*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Lewis*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Galvin Grubbs*
- Address, *128 North St. Md.*
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25th March, 1886

4. Place of Birth, (Street and Number)

No. 179 N.

Baltimore, Md.

5. Full Name of Mother,

Lucie Francis Garvill

6. Mother's Maiden Name,

Pogwell

7. Mother's Birthplace,

Mineral County, Virginia

8. Full Name of Father,

John Edward Garvill

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Eastern Shore, Maryland

Name of Medical Attendant, or other Person who makes this Return.

John W. Pickett M.D.

Address,

256 North Eden Street.

Remarks,

to print the name of the person who makes this return, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH⁸⁵⁻⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar. 25. 1886.

4. Place of Birth, (Street and Number)

200 Penna. Ave.

5. Full Name of Mother,

Annie B. Meyer

6. Mother's Maiden Name,

Adler

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Chas. F. Meyer

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

J. D. Christian M.D.
506 Madison Ave.

Address.

Remarks.



RETURN OF A BIRTH

85636

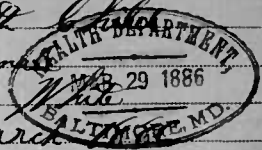
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)



3. Date of Birth,

25th March

4. Place of Birth, (Street and Number)

27 Potomac St

5. Full Name of Mother,

Anna Wrightson

6. Mother's Maiden Name,

Mrs Apple

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Wrightson

9. Father's Occupation,

Leaver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address,

Latimer Park Ave

Remarks,

or persons who have violated any of the provisions of this act, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25th March 1886

4. Place of Birth, (Street and Number)

220 Grand

5. Full Name of Mother,

Adeline Koba

6. Mother's Maiden Name,

Adeline Dunder

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Valentine Koba

9. Father's Occupation,

Milkman

10. Father's Birthplace,

Baltimore City

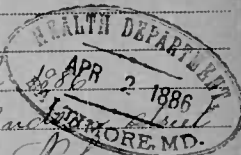
Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Sullens

Address,

104 Emden street cont.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *25 day of march*

Place of Birth, (Street and Number) *No Twenty Eight*

Full Name of Mother, *Theresa Elizabeth Ellis*

Mother's Maiden Name, *Theresa Elizabeth Bennett*

Mother's Birthplace, *Howard County Md*

Full Name of Father, *Edward Wood Ellis*

Father's Occupation, *Common Laborer*

Father's Birthplace, *Meadville Bradford County*

Name of Medical Attendant, or other Person who makes this Return. *W. H. Bunge*

Address, *226, Cross St.*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁵⁶³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 25th of March 1886

4. Place of Birth, (Street and Number) 56 S. Eutaw Street

5. Full Name of Mother, Mary Kress

6. Mother's Maiden Name, Mary Donakite

7. Mother's Birthplace, Austria

8. Full Name of Father, Adolph Kress

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return. Rebecca Justman

Address, 46 Caroline Street Bats M D

Remarks,



report the birth in this Return to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth, and for each offense, shall be subjected to the fine of ten (\$10) dollars.

Report is to be made to the Registrar of Vital Statistics, Baltimore City, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 birth*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

25 May 1886

4. Place of Birth, (Street and Number)

Balt. Sts. No 285

5. Full Name of Mother,

Kathie Hegen

6. Mother's Maiden Name,

Wendy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Hegen

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Maurer

Remarks,

Cent. Market Space Row



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH. ⁸⁵⁶⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

March 25th 1886

4. Place of Birth, (Street and Number)

No 184 E. Baltimore St

5. Full Name of Mother,

Mary E. Loring

6. Mother's Maiden Name,

" " "

7. Mother's Birthplace,

Brooklyn N.Y.

8. Full Name of Father

Richardson

9. Father's Occupation,

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

A. Ridgway Andre M.D.

Address,

121 E. Baltimore St

Remarks,

Report no birth to the Commissioner of Health, in the manner and to the effect herein provided, or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 85642

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *6 Child*

1. *Male* (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 25th 1886*

4. Place of Birth, (Street and Number) *No 65 South Parrish St Baltimore Md.*

5. Full Name of Mother, *Agnes Levinsky*

6. Mother's Maiden Name, *Agnes Liebsky*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Ruben Levinsky*

9. Father's Occupation, *Store Keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Miss. Marie. Bonn Kranning*
or other Person who makes this Return

Address, *1348 South Parrish St Balto Md*

Remarks, *Mother and Child are doing well*



RETURN OF A BIRTH ⁸⁵⁶⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 25 1886*

4. Place of Birth, (Street and Number) *St 22 W Lombard St.*

5. Full Name of Mother, *Rachel Adelberg*

6. Mother's Maiden Name, *Rachel Neviniansky*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Abraham Adelberg*

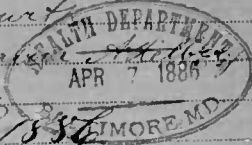
9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *E. Scherman*

Address, *Albemarle st no 26*

Remarks,



Report in this section to be made by the Registrar of Vital Statistics, Baltimore City, and shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25th day of March*

4. Place of Birth, (Street and Number) *Baltimore No. 242 corner of St.*

5. Full Name of Mother, *Amelia Sophia Stewart*

6. Mother's Maiden Name, *Amelia Sophia Stewart*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Frederick Stewart*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *W. D. Parry*

Address, *426 Cross St*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the due of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁶⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *March 29*

4. Place of Birth, (Street and Number) *221 Hurstman St*

5. Full Name of Mother, *Siddie Benson*

6. Mother's Maiden Name, *Siddie Fischer*

7. Mother's Birthplace, *Fredrick County*

8. Full Name of Father, *George Benson*

9. Father's Occupation, *Wardman*

10. Father's Birthplace, *Fredrick County*

Name of Medical Attendant, or other Person who makes this Return, *Lucinda Hootford*

Address, *130 Regester St*

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

city of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time specified herein, and to file a true and correct copy of this return with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

85-646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, 25.

4. Place of Birth, (Street and Number) The Eldry. 303.

5. Full Name of Mother, Lina. Sholman.

6. Mother's Maiden Name, Lina Schuler.

7. Mother's Birthplace, Baltimore. City.

8. Full Name of Father, Conrad. Sholman.

9. Father's Occupation, Driver.

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Henry. Glasgow.

Meddy Street. extended.

In. good Health.



RETURN OF A BIRTH ⁸⁵⁻⁶⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

APR 2 1888

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

25 March

4. Place of Birth, (Street and Number)

80 Maryland Avenue

5. Full Name of Mother,

Victoria A Butler

6. Mother's Maiden Name,

Victoria A Jackson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William D Butler

9. Father's Occupation,

blackman

10. Father's Birthplace,

Howard County

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Emma Johnson.

Address,

14 Johnson Street

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall violate this provision shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 March

4. Place of Birth, (Street and Number)

76 E. M. Ave.

5. Full Name of Mother,

Kennetha Marion Hurley

6. Mother's Maiden Name,

Hickman

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

George Hurley

9. Father's Occupation,

Engineer (Sug. Boat)

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

E. P. Frank M.D.

Address,

375 E. Balto. St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

25th

4. Place of Birth, (Street and Number)

43 Portland St

5. Full Name of Mother,

Mary Mainz

6. Mother's Maiden Name,

Mary Stein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Mainz

9. Father's Occupation,

Police

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Miss Leback

Remarks,

Thos J. W. Prodd



NOTICE

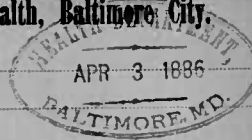
The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth April 24 1886

4. Place of Birth, (Street and Number) 353 E. Hazelt St.

5. Full Name of Mother, Virginia Corrick

6. Mother's Maiden Name, Virginia Miller

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, William Corrick

9. Father's Occupation, Policeman

10. Father's Birthplace, Prince Georges Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Emily Peterson, M.D.

Address, 139 E. Hazelt St.

Remarks,

RETURN OF A BIRTH. ⁸⁵⁻⁶⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Recurrence

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 25, 2 30, 4 PM

4. Place of Birth, (Street and Number)

60 N Popple

5. Full Name of Mother,

Annie Gruen

6. Mother's Maiden Name,

Annie Witz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

David Gruen

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

A. H. Hartman M.D.

Address,

Baltimore

Remarks,

Report its birth to the Commissioner of Health, who may be assisted by the Registrar of Vital Statistics, and the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 26 1886

4. Place of Birth, (Street and Number) Smith St. 500

5. Full Name of Mother, Carrie L. Wilson

6. Mother's Maiden Name, " " Wilson

7. Mother's Birthplace, Yorkway Falls, New York

8. Full Name of Father, Frederick Wilson

9. Father's Occupation, Trainer

10. Father's Birthplace, Gettysburg, Pa.

Name of Medical Attendant, or other Person who makes this Return, Edward A. Smith

Address, 57 Reservoir St.

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

85653

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks



1st,
Male
White
March 26/86
235 Light St

Getta Keune
Scharrer
Baltimore Md.
Edward Keune
Jeweller & C.
Germany
H. R. Fetterhoff M.D.
227 Madison St

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 85654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

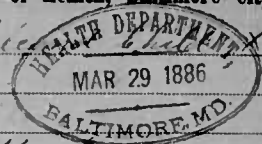
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 26 1886

123 Elliot

Kaiser

Frank L. Medicine

Mrs. Wiley

12 Patterson Park Ave.

report its name to the Commissioner of Health, Baltimore City, and the Registrar of Vital Statistics, Baltimore City, for each return to be received as other laws and regulations are recoverable.

RETURN OF A BIRTH 85650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 26th 1886

4. Place of Birth, (Street and Number) 285 S Bond St

5. Full Name of Mother, Louisa Bovin

6. Mother's Maiden Name, Hankel

7. Mother's Birthplace, City

8. Full Name of Father, Solus Bovin

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,



and its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85656

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26th

4. Place of Birth, (Street and Number) 51 N. Schroder St. Baltimore

5. Full Name of Mother, Baxby E. Preston

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Preston

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mary A. Ledley,
or other Person who makes this Return

Address, 51 N. Schroder St.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 85657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

March 25 - 96

4. Place of Birth, (Street and Number)

3026 N. Ann St.

5. Full Name of Mother,

Emma V. Reel

6. Mother's Maiden Name,

" " Annie Alcinder

7. Mother's Birthplace,

Balto

8. Full Name of Father,

James E. Reel

9. Father's Occupation,

Knickerbocker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Chas. V. Murrell

Address,

236 N. Conyngham St.

Remarks,



RETURN OF A BIRTH ⁸⁵⁶²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *march 26th*

4. Place of Birth, (Street and Number) *fourth st 174*

5. Full Name of Mother, *Mary Ann Merrick*

6. Mother's Maiden Name, *Mary Ann Bassett*

7. Mother's Birthplace, *Dorchester Co Md*

8. Full Name of Father, *Charles Edward Merrick*

9. Father's Occupation, *House Carpenter*

10. Father's Birthplace, *Dorchester Co. Md*

Name of Medical Attendant, or other Person who makes this Return *Dr. C. Carney*

Address, _____

Remarks, _____



within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

report its birth to the Commissioner of Health, in the manner and form provided for in this section, and shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *March 26th 1886*

4. Place of Birth, (Street and Number) *12 Sarah Ann Street*

5. Full Name of Mother, *Mary Squirell*

6. Mother's Maiden Name, *Mary Hall*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Albert Squirell*

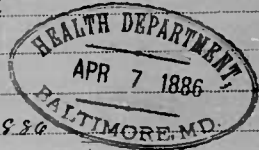
9. Father's Occupation, *Barber*

10. Father's Birthplace, *Lancaster, Canada*

Name of Medical Attendant, or other Person who makes this Return. *Hester Holance*

Address, *39 E. Monument Street*

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons as he shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other fine and forfeitures are recoverable.

RETURN OF A BIRTH. 85661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
White
March 26
233 N. Durham St
Kate Shimel
Kadeshowa
Bohemia
John Shimel
Tailor
Bohemia
Josephine Conrad
20 Barnes St.



RETURN OF A BIRTH 85661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th ✓

1. Sex, (state whether male or female) White Male ✓

2. Race or Color, (if not of the white race) White ✓

3. Date of Birth, 26 Mars ✓

4. Place of Birth, (Street and Number) 346 Eastern Av. ✓

5. Full Name of Mother, Mary Schmitt ✓

6. Mother's Maiden Name, = Schamberg ✓

7. Mother's Birthplace, Balt ✓

8. Full Name of Father, Conrad Schmitt ✓

9. Father's Occupation, Carpenter ✓

10. Father's Birthplace, Hessen Germ ✓

Name of Medical Attendant, or other Person who makes this return, Mrs E. Weiss ✓

Address, 424 Lancaster St. ✓

Remarks, _____



Report the birth to the Commissioner of Health, in the form of this certificate, by the mother, or the father, or the physician, or the midwife, or the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

85662

A circular ink stamp from the Health Department of Baltimore, Maryland. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the date "APR 7 1886" is stamped in a straight line. The stamp is slightly faded and has a textured, aged appearance.

APR 7 1886

/

Female

Labors

26

Basel 500 144

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Sur in Lohre

Baltimore Co

c. In Ra.

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who
urn.
of H. Smith & Co. 1848

0-10/0-5

Remarks

Report the birth to the Registrar of Vital Statistics, Baltimore City, or to the Registrar of the County or City where the birth occurred, within ten days of the birth. For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 29 1886

4. Place of Birth, (Street and Number) 1822 E. 8th St.

5. Full Name of Mother, Mary J. O'Keefe

6. Mother's Maiden Name, "J. P." O'Keefe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos. O'Keefe

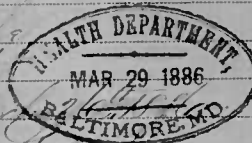
9. Father's Occupation, Engineer

10. Father's Birthplace, Rochester, N. Y.

Name of Medical Attendant, Frederick Cook, M.D.

Address, 116 D. St. N. E.

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

Report for Birth to the Commissioner of Health, in the manner and to the effect herein required, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



One Child
Male
March 26, 1886
130 Regester St
Lucinda Melford
Baltimore
Lucinda Melford
130 Regester St

RETURN OF A BIRTH 88-665

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 26th
4. Place of Birth, (Street and Number) 73-46th Street
5. Full Name of Mother, Mary E. Henry
6. Mother's Maiden Name, Mary E. Proctor
7. Mother's Birthplace, Fredrick Md
8. Full Name of Father, William Henry
9. Father's Occupation, Agent Silesburg
10. Father's Birthplace, Cambridge Amb
Name of Medical Attendant, or other Person who makes this Return Dr. H. Smith
Address, 100 N. Colden St
Remarks, none



RETURN OF A BIRTH ⁸⁵⁶⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 March 1886

4. Place of Birth, (Street and Number) 196 E. Fayette St.

5. Full Name of Mother, Kate Schwartz

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Schwartz

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Lancaster Pa.

Name of Medical Attendant, or other Person who makes this Return, Mrs Rose Ulbr.

Address, 148 Halland St.

Remarks, Balt Md.



report its birth to the Commissioner of Health, in the manner and within the time above specified, or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH,

85668
85667

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3d)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 20th 1886

4. Place of Birth, (Street and Number)

4 S. Paca

5. Full Name of Mother

Annie M. Blume

6. Mother's Maiden Name

Schulte

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Henry J. Blume

9. Father's Occupation

Saloon-keeper

10. Father's Birthplace

Germany

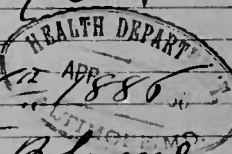
Name of Medical Attendant, or other Person who makes this Return.

Louis M. Knight Md

Address

112 N. Greene St.

Remarks



Return of the mother or other person who makes this Return.

RETURN OF A BIRTH ⁸⁵⁶⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 26th 1886

4. Place of Birth, (Street and Number)

244 Eastern Ave.

5. Full Name of Mother,

Christiana Raw

6. Mother's Maiden Name,

"

Kurtz

7. Mother's Birthplace,

City

8. Full Name of Father,

George Raw

9. Father's Occupation,

Merchant Tailor

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,



RETURN OF A BIRTH ⁸⁵⁶⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child of first wife

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 March 1886

4. Place of Birth, (Street and Number)

St 99 South St

5. Full Name of Mother,

Mary Smith

6. Mother's Maiden Name,

Mary Conway

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Smith

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Ireland

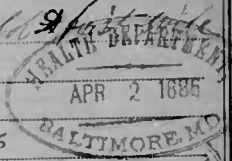
Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

21 N. Poppleton St

Remarks,



RETURN OF A BIRTH ⁸⁵⁶⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 26th 1886

4. Place of Birth, (Street and Number)

288 S. Paca St

5. Full Name of Mother,

Annie Pollard

6. Mother's Maiden Name,

Goonan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos J. Pollard

9. Father's Occupation,

Produce Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

179 N. Howard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Child lived only 1/2 hour after Birth, Died in Cramp



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

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were received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

RETURN OF A BIRTH

88672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 27th

4. Place of Birth, (Street and Number) 215 N. Pratt St.

5. Full Name of Mother, Mary T. Risher

6. Mother's Maiden Name, " " Renny

7. Mother's Birthplace, Ireland

8. Full Name of Father, Richard Risher

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Edward J. McDevlin

Address, 84 W. 12th St.

Remarks,

he in attendance upon the mother, immediately after the birth, and within the period above required, and any such person report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 27th 1886

4. Place of Birth, (Street and Number) No 3 Paul St. Alt

5. Full Name of Mother, Louise Blain

6. Mother's Maiden Name, Mother

7. Mother's Birthplace, Michigan

8. Full Name of Father, Thomas Blain

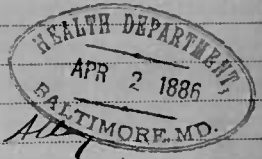
9. Father's Occupation, Porter Oyster Shuck

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margaret X. Spriggs

Address, 7 Eldon St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

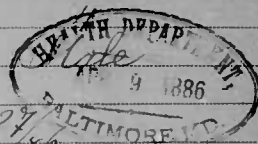
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 27 1886

429 Canton Ave

Maria Hasezrei

Schmeisser

Baltimore

Peter Hasezrei

Laborer

Baltimore

Mrs. Louise Kraft

142 S. Washington St.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 27th

4. Place of Birth, (Street and Number)

11 Conlaro Court

5. Full Name of Mother,

Maria Bonds

6. Mother's Maiden Name,

Lucas

7. Mother's Birthplace,

St Marys County

8. Full Name of Father,

Henry Bonds

9. Father's Occupation,

Labour

10. Father's Birthplace,

St Marys County.

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address,

94 Tyson St

Remarks,



RETURN OF A BIRTH ⁸⁵⁶⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2d} *2*

Sex, (state whether male or female) *male*

Race or Color, (if not of the white race) *white*

Date of Birth, *March 27 1886*

Place of Birth, (Street and Number) *442 E. Fayette St.*

Full Name of Mother, *Emma Kate Norton*

Mother's Maiden Name, *" " Knight*

Mother's Birthplace, *Balto. Md.*

Full Name of Father, *Joseph Henry James Norton*

Father's Occupation, *Machinist*

Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return, *P. G. Dausch*

Address, *325 E. Balt. St.*

Remarks,



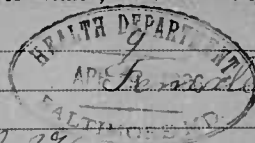
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ¹⁸⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

March 27th 1867
1st St. Highlandtown Bury
Louise Has
Schatter
Germany
George Has
Laborer
Germany
Mrs. Louise Kraft
142 S. Washington St.

RETURN OF A BIRTH ⁸⁵⁶⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 27th

4. Place of Birth, (Street and Number) 19 Chestnut Alley

5. Full Name of Mother, Catherine Taylor

6. Mother's Maiden Name, 11 11 11 11 11 11 11 11 11 11

7. Mother's Birthplace, Harford County Md

8. Full Name of Father, William Taylor

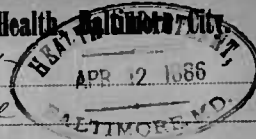
9. Father's Occupation, Brone

10. Father's Birthplace, Harford County Md

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Taylor St

Remarks, _____



or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report not within the Commission of Health, at the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH ⁸⁵⁶⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, March 27th 1869

4. Place of Birth, (Street and Number) 113 Hill

5. Full Name of Mother, Irene Weeks

6. Mother's Maiden Name, Irene Jordan

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Weeks

9. Father's Occupation, Waiter

10. Father's Birthplace, Kent Island

Name of Medical Attendant, or other Person who makes this Return, Angeline Wilson

Address, 314 S. Howard St.

Remarks,



RETURN OF A BIRTH ⁸⁵⁶⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 March

4. Place of Birth, (Street and Number)

> B. Leumin

5. Full Name of Mother,

Annie Conlen

6. Mother's Maiden Name,

Regen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Conlen

9. Father's Occupation,

Shoe-maker

10. Father's Birthplace,

Baltimore

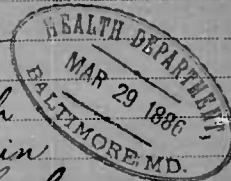
Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

> 2 E. Lombard street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ¹⁵⁶⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 27 March

4. Place of Birth, (Street and Number) 27 Front

5. Full Name of Mother, Mary Armstrong

6. Mother's Maiden Name, Kennell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Armstrong

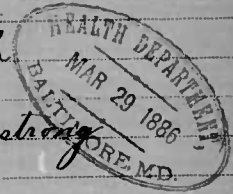
9. Father's Occupation, Car-driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks, _____



RETURN OF A BIRTH 85-683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 27 1886

4. Place of Birth, (Street and Number)

531 W. Fayette St.

5. Full Name of Mother,

Ellen Daily

6. Mother's Maiden Name,

Ellen Canally

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Y. Daily

9. Father's Occupation,

Grocer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dwyer

Address,

60 W. Schneider

Remarks,



or person who vital hereafter, fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8. White

Sex, (state whether male or female)

HEALTH DEPARTMENT
APR 22 1886
BALTIMORE, MD.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27th of March 1886

4. Place of Birth, (Street and Number)

112 Poplar St

5. Full Name of Mother,

Mrs. Jeffers

6. Mother's Maiden Name,

Miss Lizzie Galt

7. Mother's Birthplace,

Born Baltimore City

8. Full Name of Father,

Mr. Henry Jeffers

9. Father's Occupation,

Saloon Keeper

Father's Birthplace,

Born Canada

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1017, West Pratt St

Remarks,

or persons who shall surreally up to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report in accordance with the Commission of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁻⁶⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th / 1886

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

—

3. Date of Birth,

Mich. 27th / 1886

4. Place of Birth, (Street and Number)

64 Conway St., MORE MD.

5. Full Name of Mother,

Jennie Straup.

6. Mother's Maiden Name,

" Wise.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Benj. Straup

9. Father's Occupation,

~~Benj. Straup~~ Legion Dealer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return,

Dr. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

RETURN OF A BIRTH.

85686

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether ~~Male~~ or Female) *Female*

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth *March 27-1886*

4. Place of Birth (Street and Number) *53 Putney Place*

5. Full Name of Mother *Katie M. Steinert*

6. Mother's Maiden Name *- do - Rolfe*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Jno. Steinert*

9. Father's Occupation *Barber*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

C. C. McDowell M. D.

Address

No 338 Madison Ave

Remarks

of the parents, and the maiden name of the mother of such child or children.

report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

OVER TIME INDEX 8-21-32
RETURN OF A BIRTH.

85687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mary Cohen*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 27th, 1886*

4. Place of Birth, (Street and Number) *Baltimore 75 Harrison st.*

5. Full Name of Mother, *Sarah Cohen*

6. Mother's Maiden Name, *Sarah Mark*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Simon Cohen*

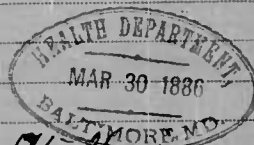
9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return. *Bucky Joseph.*

Address, *No 40 Caroline street*

Remarks,



RETURN OF A BIRTH.

85688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 28th 1886

4. Place of Birth, (Street and Number) #225 K. Central Ave.

5. Full Name of Mother, Anna Supnagle

6. Mother's Maiden Name, Bann

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, John Supnagle

9. Father's Occupation, Harness Maker

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna H. Leggett

Address, #122 O Monument St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85689

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 2 1886

4. Place of Birth, (Street and Number) 41 Perry Street

5. Full Name of Mother, Lucy Jane Wilson

6. Mother's Maiden Name, Lucy J. Andrews

7. Mother's Birthplace, Charlestown N. H.

8. Full Name of Father, A. Burgess Wilson

9. Father's Occupation, Editor

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this return, Sarah A. Jones

Address, No. 12 X alley

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) American White

Date of Birth, March 28. 1886

Place of Birth, (Street and Number) 176 Mulberry St

Full Name of Mother, Josephine V. Welden

Mother's Maiden Name, Hall

Mother's Birthplace, Baltimore

Full Name of Father, William T. Welden

Father's Occupation, Barber

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Hunter

Address, 21 N Poppleton St

Remarks,



insert his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85-691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fines of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

15692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 March 1886

4. Place of Birth, (Street and Number) 50 Holland St.

5. Full Name of Mother, Louisa A Wittendorff

6. Mother's Maiden Name, Kornman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Wittendorff

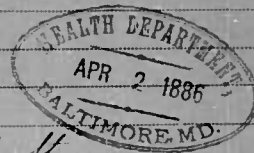
9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Rose Ullig

Address, 48 Holland St. Balt. Md.

Remarks,



RETURN OF A BIRTH. ⁸⁵⁶⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth March 28th 1886

4. Place of Birth, (Street and Number) 58 1/2 St Mary St

5. Full Name of Mother, Jennie Paine

6. Mother's Maiden Name, Jennie Frisby

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, William Paine

9. Father's Occupation,

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Hester Coats

Address, 39 Little Monument St

Remarks,



Report as to the Commissioner of Health, in the manner and within the time herein required, and any willful person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁵⁻⁶⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March the 1st

4. Place of Birth, (Street and Number) Landvale St. #140

5. Full Name of Mother, Sarah E. Hersey

6. Mother's Maiden Name, Sarah E. Docton

7. Mother's Birthplace, Harford Co. Md.

8. Full Name of Father, John J. Hersey

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. J. P. Kelly

Address, No 197 Pratt St

Remarks, _____



of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and to pay the fee therefor, and to furnish the information required, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Report as to each child to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4. Child*
1. Sex, (state whether male or female) *Bob.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *February 28*
4. Place of Birth, (Street and Number) *No 185. East 12th St.*
5. Full Name of Mother, *Pauline Neiper*
6. Mother's Maiden Name, *Pauline Tilly*
7. Mother's Birthplace, *Germania*
8. Full Name of Father, *Fred. Neiper*
9. Father's Occupation, *Lab.*
10. Father's Birthplace, *Germania*
- Name of Medical Attendant, or other Person who makes this Return, *Frederick Kaufmann*
- Address, *No 194 Eastern Ave*
- Remarks, *Hebammie*



RETURN OF A BIRTH

85696

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Miss Ida Sike*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *March the 28 1884*
4. Place of Birth, (Street and Number) *77 Grand Alley*
5. Full Name of Mother, *Miss Ida Sike*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr Samuel Smith*
9. Father's Occupation, *Driver of a Wray*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mrs Charity Jones*
Address, *79 Margaret Alley*
Remarks, _____



Report its birth to the Commissioner of Health, in the manner and within the period above specified, or person so required to report, shall be subject to the fine of ten (\$10) dollars for each failure to be reported in other files and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁶⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 28th*

4. Place of Birth, (Street and Number) *Cross Goldsmith St.*

5. Full Name of Mother, *Elizabeth Allbrecht*

6. Mother's Maiden Name, *Elizabeth Hill*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jacob Allbrecht*

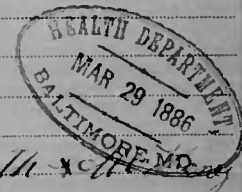
9. Father's Occupation, *Cooper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *E. Dumas*

Address, *No 227 W Lombard St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

85-699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 28th 1886

4. Place of Birth, (Street and Number) No 11 Gouldsland

5. Full Name of Mother, Maryell Mayer

6. Mother's Maiden Name, Margrett Bolz

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Mayer

9. Father's Occupation, Miller

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hermann

Address, No 18 Byrd st

Remarks,



RETURN OF A BIRTH

85700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 March, 1886.

4. Place of Birth, (Street and Number) 80 Carrollton Ave.

5. Full Name of Mother, Lizzie Ida Waring

6. Mother's Maiden Name, Mott.

7. Mother's Birthplace, Merriek L. D.

8. Full Name of Father, Robert Lancaster Waring

9. Father's Occupation, Clerk.

10. Father's Birthplace, Gloucester Co., Va.

Name of Medical Attendant, or other Person who makes this Return, Wm. A. Brewster M.D.

Address, 270 Madison Ave.

Remarks,



RETURN OF A BIRTH. ⁸⁵⁷¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. ☒ Male, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 28/86.

4. Place of Birth, (Street and Number) #354 Lexington St

5. Full Name of Mother, Mary A. Lusheimer

6. Mother's Maiden Name, Mary A. Ganner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry L. Lusheimer

9. Father's Occupation, Freight Clerk N. C. & W.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Unde Seebach

Remarks, #139 N. Pratt St



RETURN OF A BIRTH ⁸⁵⁴⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

March 28th

4. Place of Birth, (Street and Number)

109 York Street

5. Full Name of Mother,

Francis Procter

6. Mother's Maiden Name,

7. Mother's Birthplace,

Saint Mary's County

8. Full Name of Father,

Solomon Procter

9. Father's Occupation,

Clothing store

10. Father's Birthplace,

Saint Mary's Co.

Name of Medical Attendant, or other Person who makes this Return,

Angeline Wilson

Address,

3/4 D. Howard St

Remarks,

report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine often (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

857113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Col*

3. Date of Birth *Sunday March 28th 88*

4. Place of Birth, (Street and Number) *8. Diamond St*

5. Full Name of Mother, *Annie Dorsey*

6. Mother's Maiden Name, *Annie Donly*

7. Mother's Birthplace, *Northampton Co. Va.*

8. Full Name of Father, *Henry Dorsey*

9. Father's Occupation, *Catiner*

10. Father's Birthplace, *St. Mary's Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *Edmond J. H.*

Address, *Cor Park Ave & Mulberry St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other date and forfeitures are recoverable.

RETURN OF A BIRTH. 85904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

March 28 86

4. Place of Birth, (Street and Number)

No 252 Chese St

5. Full Name of Mother,

Maggie Rodgers

6. Mother's Maiden Name,

McConnell

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Geo W. Rodgers

9. Father's Occupation,

Police man

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A. McNeill

Address,

256 W. Monmouth St

Remarks,

RETURN OF A BIRTH ⁸⁵⁴⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



March 28 - 1886.

88 Cross St.

Maria Biser.

Schreiner.

America.

Michael Biser.

Shoemaker.

Germany.

J. Lohmeyer, Midwife.

930 Hanover St.

Report the birth to the Towns, or other authority, of the place where the birth occurs, and if the birth occurs in a place where there is no such authority, report the birth to the nearest such authority. If the birth occurs in a place where there is no such authority, report the birth to the nearest such authority. If the birth occurs in a place where there is no such authority, report the birth to the nearest such authority.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-28-54
RETURN OF A BIRTH 85406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Albert Ruhland
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 28th*

4. Place of Birth, (Street and Number) *138 Scott Street*

5. Full Name of Mother, *Mary Virginia Ruhland*

6. Mother's Maiden Name, *Mary Virginia Wagner*

7. Mother's Birthplace, *Delaware*

8. Full Name of Father, *Jacob Henry Ruhland*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Miss Munch*

Address, *1 Leadenhall St*

Remarks,



be in attendance upon the mother, and in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person acting in his stead, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

March 28, 1886

263 Eastern St.

Elizabeth (Sesch) Loesch

Miller

Balto. Md.

Henry (Sesch) Loesch

Basket Manufacturer

Balto. Md.

Caroline Miller

45 N. 1st St. Balto. Md.



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 28 1886*
4. Place of Birth, (Street and Number) *No. 204 S. Eutaw St.*
5. Full Name of Mother, *Mary Sissersko*
6. Mother's Maiden Name, *" Sadowske*
7. Mother's Birthplace, *Prusin Pot Pomiany*
8. Full Name of Father, *John Sissersko*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Prusin Pot Pomiany*
- Name of Medical Attendant, or other Person who makes this Return, *Anni Sindner*
- Address, *No 45 S. Monroe St.*
- Remarks,



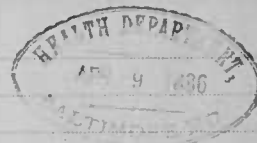
RETURN OF A BIRTH

85109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

negro

3. Date of Birth,

March 29th

4. Place of Birth, (Street and Number)

32 Wagon Alley

5. Full Name of Mother,

Lizzie Taylor

6. Mother's Maiden Name,

Lizzie Penetta

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Taylor

9. Father's Occupation,

Plasterer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. Milly Blake

Address,

53. Carroll St.

Remarks,

Healthy fine strong

RETURN OF A BIRTH. 85710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth March 29th 1886

4. Place of Birth, (Street and Number) 164 E. Lombard st.

5. Full Name of Mother, Sarah Jeffy

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Jeffy

9. Father's Occupation, Pedler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,



be its attendance upon the mother, unless such attendance is required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-11-86
RETURN OF A BIRTH.

85711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen Jackson
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth *March 29th 1886*
4. Place of Birth, (Street and Number) *17 Philpot St.*
5. Full Name of Mother, *Alice Anne Jackson*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Napoleon Jackson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Bernstein*

Address, *49 S. Exeter St.*

Remarks, _____



85912

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

c. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH ⁸⁵⁷¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *March 29th*

Place of Birth, (Street and Number) *470 W Baltimore St*

Full Name of Mother, *Elizabeth Voelkerman*

Mother's Maiden Name, *Elizabeth Priestuphen*

Mother's Birthplace, *Baltimore Md*

Full Name of Father, *Charles F. W. Voelkerman*

Father's Occupation, *Jeweler*

Father's Birthplace, *Germany*

Name of Medical Attendant, ^{or other Person who makes this Return.} *Mrs Oliver*

Address, *24 Columbia Ave*

Remarks, *city-*



Persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

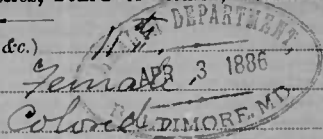
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,



March 29.

12. Reese Alley.

Victoria Thomas

Victoria James

Dorchester Co.

James Thomas

Driver.

Chas County.

Robert Bond M.D.

201 Hanover St

Morbid Adhesion of Placenta.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

857/5

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 3 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Colored female

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 29th

4. Place of Birth (Street and Number) No 267 Hammond st

5. Full Name of Mother Eliza Knight

6. Mother's Maiden Name Dr. Francis

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm. Knight

9. Father's Occupation Cyprus

10. Father's Birthplace Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Hannie Deanby

Address 69 Leadenhall st

Remarks Living well

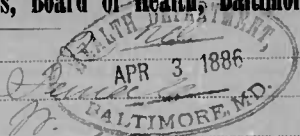
For each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

85716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mar 29/86

1116 Caroline

Anna L. Collins

" " Matthews

Dea.

Paul A. Collins

Watch maker

Connors

G. L. Thistler

1116 Caroline

Premature delivery - but 6 lbs and 7 1/2 in

RETURN OF A BIRTH.

85 717.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th
Male
Colored
29th of March
27 Lee street
Mary Smith
Mary Floyd
Baltimore md.
Joseph Smith
Water in store
Baltimore md.
May Mahle
142 York street

HEALTH DEPARTMENT
MAR 30 1936
BALTIMORE, MD.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 85718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report the birth to the Commissioner of Health for the manner and within the period prescribed, and any person who neglects to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 85719

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 29th 1886*
 4. Place of Birth, (Street and Number) *No 12 whatcoat street*
 5. Full Name of Mother, *Susan January*
 6. Mother's Maiden Name, *Susan Conrad*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *William January*
 9. Father's Occupation, *stone cutter*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, *Dr Donley*
 Address, *No 18 little Walsh street*
 Remarks, *none*

RETURN OF A BIRTH 85720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 29 1880

4. Place of Birth, (Street and Number) 159 Chest St

5. Full Name of Mother, Kate M^cHully

6. Mother's Maiden Name, Kate Devith

7. Mother's Birthplace, America

8. Full Name of Father, Daniel M^cHully

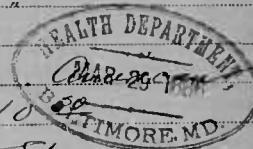
9. Father's Occupation, Can Maker

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. B. Saunders M.D.

Address, 102 E. Chase St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties as are provided for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

85721

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

African

3. Date of Birth

March 29

4. Place of Birth (Street and Number)

Sexton Court 18

5. Full Name of Mother

Florence Garner

6. Mother's Maiden Name

Florence Starr

Gettysburg

7. Mother's Birthplace

8. Full Name of Father

Edward Garner

9. Father's Occupation

laborer

Father's Birthplace

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Julia A Johnson

Address

35 Wayne St

Remarks



of the birth, and the names of the mother of such child or children.

RETURN OF A BIRTH ⁸⁵⁷²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 29th 1886*

4. Place of Birth, (Street and Number) *No. 38 McFinnin St.*

5. Full Name of Mother, *L. M. Loan*

6. Mother's Maiden Name, *L. M. Black*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Loan*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return, *Mr. A. Butt*

Address, *185 S.E. cor. Central av. & Monument St.*

Remarks, *All Well*

Persons who shall furnish any copy with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 29th 1886

4. Place of Birth, (Street and Number) 137 V. Spring St.

5. Full Name of Mother, Annie Drumgale

6. Mother's Maiden Name, Annie Gulwaine

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin Drumgale

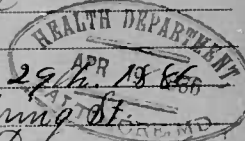
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, H. A. Butt

Address, 185 S.E. cor Central av & Monument St.

Remarks, All Well.



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH ⁸⁵⁷²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 29th 1886

4. Place of Birth, (Street and Number)

No. 38 McKim St.

5. Full Name of Mother,

L. M. Loan

6. Mother's Maiden Name,

L. M. Black

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Loan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, *185 S.E. cor. Central av. & Monument St.*

Remarks, *All Well*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or person who shall have after full payment, with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 85723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 29th 1886

4. Place of Birth, (Street and Number)

137 V. Spring St.

5. Full Name of Mother,

Annie Drumgule

6. Mother's Maiden Name,

Annie Gulwaine

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Drumgule

9. Father's Occupation,

Lab.

10. Father's Birthplace,

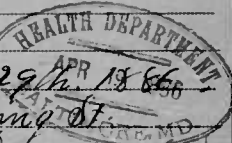
Baltimore

Name of Medical Attendant, or other Person who makes the Return.

M. A. Butt

Address, 185 S.E. cor Central av & Monument St.

Remarks, All Well.



Persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Masch 2/85
92 Bank St.
Maggie Ripken
Woffelman
Baltimore
Reinhard Ripken
Laborer
Baltimore
Mrs. Louise Kraft
142 S Washington St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁵⁷²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth March 29, 1886 at Baltimore

4. Place of Birth, (Street and Number) 16 Bartlett street

5. Full Name of Mother, Wilhelmine Lorberg

6. Mother's Maiden Name, Pricker

7. Mother's Birthplace, Germany

8. Full Name of Father, William Lorberg

9. Father's Occupation, book - binder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Marie C. Thalwitzer M.D.

Address, 256 Mulberry street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 March

4. Place of Birth, (Street and Number)

12 Canale

5. Full Name of Mother,

Sizzie Helegan

6. Mother's Maiden Name,

Murray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Helegan

9. Father's Occupation,

Sea-port man

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{85 727}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

27 March

4. Place of Birth, (Street and Number).....

9 Lombard

5. Full Name of Mother,.....

Jane Murray

6. Mother's Maiden Name,.....

Conkennin

7. Mother's Birthplace,.....

Ireland

8. Full Name of Father,.....

James Murray

9. Father's Occupation,.....

Tavern

10. Father's Birthplace,.....

Ireland

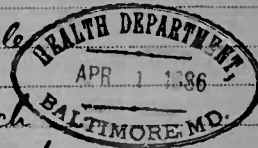
Name of Medical Attendant, or other Person who makes this return.....

Sarah Casper

Address,.....

72 E. Lombard

Remarks,.....



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH ⁸⁵⁷²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks,

Child.
MAR 29 1886
155 William St.
Lena Edwards
Miller
America
John Edwards
Engineer
America
J. Lohrasser Midwife
300 Hanover St.

duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁵⁷²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{First} March The 29 1886

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Salday night

4. Place of Birth, (Street and Number) No 49 Lombard Alley

5. Full Name of Mother, Sarah Jane Gapper

6. Mother's Maiden Name, Sarah Derby

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Marceller Derby

9. Father's Occupation, Laborer

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Sarah Pennington

Address, No 42 Tryson St

Remarks, No Re Mark



RETURN OF A BIRTH ⁸⁵⁷³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Baltimore Chestnut Alley 7.

Caroline Voigt.

Caroline Maltzahn

Lüström (Germany)

Henry Robert Gustav Voigt.

Cabinetmaker.

Burg L. Mied. (Germany)

Mrs. W. Mammel Midwife

No 8 Pearl St. Balto. City.

or persons who shall be required to return to the Registrar of Vital Statistics, Baltimore City, for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵⁷³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 30th 1886

4. Place of Birth, (Street and Number)

120 Bank str

5. Full Name of Mother,

Jane

Heymond

6. Mother's Maiden Name,

"

Squire

7. Mother's Birthplace,

England

8. Full Name of Father,

Edward Heymond

9. Father's Occupation,

Farmer

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betz

Address,

120 Bank str

Remarks,

RETURN OF A BIRTH

85732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30th

4. Place of Birth, (Street and Number) Barney near

5. Full Name of Mother, Annie Coleman

6. Mother's Maiden Name, Annie Messengell

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, James H Coleman

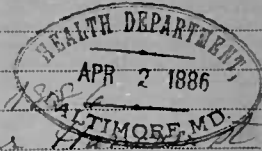
9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 488 South Charles St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report his birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ^{857.33}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, March 31 1886

4. Place of Birth, (Street and Number) 127 Durham St

5. Full Name of Mother, Emma Stewart

6. Mother's Maiden Name, Emma Stephen

7. Mother's Birthplace, Annerand

8. Full Name of Father, Lee Stephen

9. Father's Occupation, Labor

10. Father's Birthplace, Annerand

Name of Medical Attendant, or other Person who makes this Return. Lillian Morgan

Address, 1247 Durham Street

Remarks,



RETURN OF A BIRTH ⁸⁵⁷³⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female child*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March the 30, 1886*

4. Place of Birth, (Street and Number) *No. 45 East Street*

5. Full Name of Mother, *Abiel Ball*

6. Mother's Maiden Name, *Abiel Insl*

7. Mother's Birthplace, *North Thorne country Va*

8. Full Name of Father, *John Insl*

9. Father's Occupation, *any thing he turn his hand to*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return, *Mary Wilson*

Address, *No 3 Tenson street*

Remarks, *Now remarks*



report its birth to the Commissioner of Health, in the manner and within the period prescribed, and the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 85735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 30 1886

4. Place of Birth, (Street and Number) 46 Hillen St.

5. Full Name of Mother, Mary Hannah

6. Mother's Maiden Name, Neale

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Hannah

9. Father's Occupation, Manufacture of Groceries

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Scott M.D.

Address, Charles & Centre St.

Remarks, ~~~~~



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report the birth in the Commissioner of Health, in the manner and within the time specified in the provisions of this act, and shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

85736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 30 1886*

4. Place of Birth, (Street and Number) *1111 Battery*

5. Full Name of Mother, *Laura D. Taylor*

6. Mother's Maiden Name, *Laura V. Nolan*

7. Mother's Birthplace, *Westmoreland Co. Pa.*

8. Full Name of Father, *George B. Taylor*

9. Father's Occupation, *Captain*

10. Father's Birthplace, *Providence R.I.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. C. Corbitt*

Address, *211 Green St*

Remarks,



RETURN OF A BIRTH 85737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Willard*

3. Date of Birth, *March 30th 1886 MD.*

4. Place of Birth, (Street and Number) *23 Mulikin St*

5. Full Name of Mother, *Sarah Siffers*

6. Mother's Maiden Name, *Sarah Sauler*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Hugh Siffers*

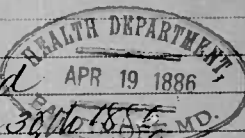
9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Butt.*

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷³⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 30th 1886

4. Place of Birth, (Street and Number)

95 Preston Street

5. Full Name of Mother,

Lebbie Johnson

6. Mother's Maiden Name,

Lebbie Brooks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Barthlett S. Johnson

9. Father's Occupation,

Stock Broker

10. Father's Birthplace,

S. Carolina

Name of Medical Attendant, or other Person who makes this Return

W. C. Nelson

Address.

Remarks.

RETURN OF A BIRTH 85739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

30 March

4. Place of Birth, (Street and Number)

52 Style

5. Full Name of Mother

Mary Ringsdorf

6. Mother's Maiden Name

Snyder

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Ringsdorf

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address

72 E. Lombard

Remarks



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 30 12

4. Place of Birth, (Street and Number)

47 Hillman St

5. Full Name of Mother,

Margaret Oats

6. Mother's Maiden Name,

" Haulon

7. Mother's Birthplace,

Harford Co Md

8. Full Name of Father,

Patrick Oats

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balto County Md

Name of Medical Attendant,

or other Person who makes this Return.

J. B. Saunders M.D.

Address,

102 E. Chase St

Remarks,



RETURN OF A BIRTH ⁸⁵⁷⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30th 1886

4. Place of Birth, (Street and Number) 541 N. Gay St

5. Full Name of Mother, Christine Jenke

6. Mother's Maiden Name, " Hohn

7. Mother's Birthplace, Briston, Ger.

8. Full Name of Father, Herman Jenke

9. Father's Occupation, Beer Saloon

10. Father's Birthplace, Bavaria, Ger.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Julia Goring

Address, 466 N. Gay St

Remarks, _____



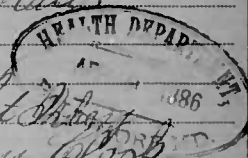
Report to be made to the Commissioner of Health by the manager and within the period above required, and any such person for each offense to be recovered as other laws and forfeitures are recoverable.

Be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be provided as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 3/80
4. Place of Birth, (Street and Number) No 20 Pleasant Mt. St.
5. Full Name of Mother, Mary Cook
6. Mother's Maiden Name, Friedrich
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Cook
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Louise Kraft
- Address, 142 S. Washington St.
- Remarks, _____



RETURN OF A BIRTH.

85743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 31st

4. Place of Birth (Street and Number)

80 Preston St

5. Full Name of Mother

Elenor Alston Boulamy

6. Mother's Maiden Name

Elenor Alston Simons

7. Mother's Birthplace

Texas

8. Full Name of Father

Walter Boulamy

9. Father's Occupation

Merchant

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. W. D. Mendenhall M.D.

Address

80 Preston St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 31*

4. Place of Birth, (Street and Number) *13 Paulding St.*

5. Full Name of Mother, *Elizabeth C. Kaeber me Hollrah*

6. Mother's Maiden Name, *" " Hollrah*

7. Mother's Birthplace, *Baltimore City Md.*

8. Full Name of Father, *Corrad Kaeber*

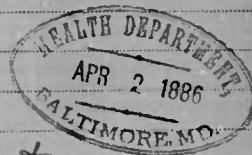
9. Father's Occupation, *Glass Worker*

10. Father's Birthplace, *Baltimore City Md*

Name of Medical Attendant, or other Person who makes this Return, *Miss Munch*

Address, *1 Leadenhall St*

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth March 31st

4. Place of Birth, (Street and Number) 619 W. Pratt st.

5. Full Name of Mother, Lina Strobel

6. Mother's Maiden Name, Stein

7. Mother's Birthplace, Balt.

8. Full Name of Father, Edmund Strobel

9. Father's Occupation, Stone-cutter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, C. L. Buddenbom

Address, 166 S. Paca st.

Remarks,



Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore-City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Three 3

1. Sex, (state whether male or female)

2 female 1 male 3 female

2. Race or Color, (if not of the white race)

Cottland

3. Date of Birth

May the 14th. 1882

4. Place of Birth, (Street and Number)

Hamburg St. No 29 Baltimore Md.

5. Full Name of Mother,

Martha Bishop

6. Mother's Maiden Name,

Kane

7. Mother's Birthplace,

Leicester Co. Md

8. Full Name of Father,

Samuel R Bishop

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Leicester Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Miller grocer

Address,

181 York St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 85747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *31 Mar*

4. Place of Birth, (Street and Number) *Register No 111*

5. Full Name of Mother, *Anna Steigerwald*

6. Mother's Maiden Name, *Busch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Steigerwald*

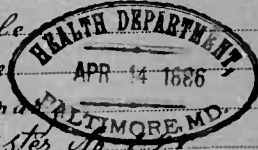
9. Father's Occupation,

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Maure*

Address,

Remarks, *Cent. Market Space No 15*



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 31 March

4. Place of Birth, (Street and Number) 58 Canal

5. Full Name of Mother, Rosina Beichel

6. Mother's Maiden Name, Heimerich

7. Mother's Birthplace, Europe

8. Full Name of Father, George Beichel

9. Father's Occupation, Labourer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard

Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible]

857 1/2

Third

Hale

7/1/20

March 31st

No 3.40 Gay Street

Maggie Duff

Maggie Reed

Baltimore

Thomas Duff

Hochster

Baltimore

Louisa Schulte

No 246. Chew Street,

[Signature]



RETURN OF A BIRTH, 85750

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male ~~or~~ female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth March 31st 1886
4. Place of Birth, (Street and Number) 123 E. Pratt St.
5. Full Name of Mother R. Francis Fried
6. Mother's Maiden Name Fannie Hamburg
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father Emmanuel H. Fried
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore City, Md.
11. Name of Medical Attendant, or other Person who makes this Return. Nicholas E. Oathell
- Address 207 S. Broadway
- Remarks Stillborn

RETURN OF A BIRTH

85751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31 March 1886*

4. Place of Birth, (Street and Number) *201 E. 63rd Street*

5. Full Name of Mother, *Annie E. Jones*

6. Mother's Maiden Name, *Annie E. Reese*

7. Mother's Birthplace, *Baltimore and*

8. Full Name of Father, *Samuel Jones*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore and*

Name of Medical Attendant, or other Person who makes this return, *Miss W. W. W. W.*

Address, *No 12 Patterson Park, W.*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 8.5 7.52

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 31 1886*

4. Place of Birth, (Street and Number) *356 North Jay St*

5. Full Name of Mother *Mary J Hunter*

6. Mother's Maiden Name *Mary A Russell*

7. Mother's Birthplace *Baltimore County*

8. Full Name of Father *William H Hunter*

9. Father's Occupation *Wagon maker*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Amanda Marine*

Address *175 North Eden St*

Remarks



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 31st

4. Place of Birth, (Street and Number)

119 China Street

5. Full Name of Mother,

Mariah Gilpson

6. Mother's Maiden Name,

Mariah Scoville

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Garrison Gilpson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Angevine Wilson

Address,

3/4 L. Howard St

Remarks,



Report to be made to the Commissioner of Health, in the manner and within the period above specified, and any fee or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85754

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) -

3. Date of Birth, March 31 1886

4. Place of Birth, (Street and Number) 33 O Dannel

5. Full Name of Mother, Emma C. Schlesinger

6. Mother's Maiden Name, Emma C. Ficker

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Henry Schlesinger

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, Mrs Louisa Smith
or other Person who makes this Return

Address, -

Remarks, Child name Rose Mary Schlesinger



RETURN OF A BIRTH

85755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 31st 1886

4. Place of Birth, (Street and Number)

No 549

Hanover

5. Full Name of Mother,

Henrietta Crocker

6. Mother's Maiden Name,

Henrietta Killpatrick

7. Mother's Birthplace,

Winchester Va

8. Full Name of Father,

James A Crocker

9. Father's Occupation,

Gard Master for B. & O.

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Chas Hinton

Address,

No 688

Charles St

Remarks,



Report of the Registrar of Vital Statistics, Baltimore City, shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



83756
4
Male
White
Nov. 31, 1885
Matronite, 166 N. Lombard St.
Mary Gilbert
Do
L.A.
—
—
William A. Lester, M.D.
Matronite

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March the 31, 1886

4. Place of Birth, (Street and Number) N. Bittel St. No. 103

5. Full Name of Mother, Bertha Hildwein

6. Mother's Maiden Name, Bertha Müller

7. Mother's Birthplace, Berlin N. Prussia Germany

8. Full Name of Father, John Hildwein

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,...



RETURN OF A BIRTH ⁸⁵⁷⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*



Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March the 31, 1886*

4. Place of Birth, (Street and Number) *N. Bond St. No. 94.*

5. Full Name of Mother, *Katharine Sauer*

6. Mother's Maiden Name, *Katharine Waldeck*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Georg W. Sauer*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this return *Harry E. Muller*

Address, *N. Dallas St. No. 26*

Remarks.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of and the amount for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 1-14-53

85759

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: William Hall Wallace

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth

March 31-1886

4. Place of Birth (Street and Number)

42 N. Liberty St

5. Full Name of Mother

Lucenia McDowell Hall Wallace

6. Mother's Maiden Name

Lucenia McDowell Hall

7. Mother's Birthplace

Lagerstown

8. Full Name of Father

Richard Mattison Wallace

9. Father's Occupation

Merchant

10. Father's Birthplace

Becks Co. — Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

C. C. McDowell M. D.

Address

338 Madison Ave

Remarks



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

28th March

4. Place of Birth, (Street and Number)

667 Light st.

5. Full Name of Mother,

Olga Laura Sig.

6. Mother's Maiden Name,

" " Richl.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Friedrich Sig.

9. Father's Occupation,

Painter.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Bozic

Address,

Sharp No 14 255^c.

Remarks,

of persons who do not have any full in copy with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered in either fines and for future are recoverable.

Missing 85761

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1st 1886

4. Place of Birth, (Street and Number)

Hereford

5. Full Name of Mother,

Emma Blakney

6. Mother's Maiden Name,

James

7. Mother's Birthplace,

Kent Co

8. Full Name of Father,

Frederick Blakney

9. Father's Occupation,

Coach painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

W. B. Billingsley

Address,

228 E. Preston

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 8-26-57

85763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Neale Stewart

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Apr. 1

4. Place of Birth, (Street and Number)

335 Myrtle Ave

5. Full Name of Mother,

Agnes Stewart

6. Mother's Maiden Name,

" Jordan

7. Mother's Birthplace,

Carroll Co. Md

8. Full Name of Father,

Milton Stewart

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

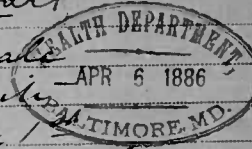
Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie

Address,

179 N. Howard St

Remarks,



RETURN OF A BIRTH ⁸⁵⁷⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 1st 1886
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, Mary E. Ebert
6. Mother's Maiden Name, Mary E. Ebert
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles W. Ebert
9. Father's Occupation, Waterman
10. Father's Birthplace, Baltimore City
Name of Medical Attendant, or other Person who makes this Return, Mrs Bange
Address, 426 Cross Street
Remarks,



Persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 1st 1895

4. Place of Birth, (Street and Number) 27 Otting St

5. Full Name of Mother, Christina Schrafer

6. Mother's Maiden Name, Christina Miller

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, George Schrafer

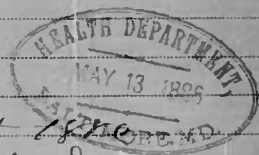
9. Father's Occupation, laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Wm W. Mendenhall

Address, 123 Market St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{85766.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. April 12th, 1886

4. Place of Birth, (Street and Number) 118 Battery Ave

5. Full Name of Mother, Katie Garrett

6. Mother's Maiden Name, Grill

7. Mother's Birthplace, Ind.

8. Full Name of Father, Joseph A. Garrett

9. Father's Occupation, Ice Dealer

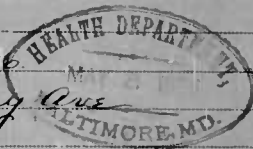
10. Father's Birthplace, Ind.

Name of Medical Attendant, or other Person who makes this Return. Robert S. Rowe, M.D.

Address, 333 Light St.

Remarks,

Would have been returned sooner but had no blanks



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of not more than \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth April 1, 1886

4. Place of Birth, (Street and Number) 50 W. Eager St

5. Full Name of Mother, Charlotte Benoit

6. Mother's Maiden Name, " Wright

7. Mother's Birthplace, Ind

8. Full Name of Father, C. F. Gaston Benoit

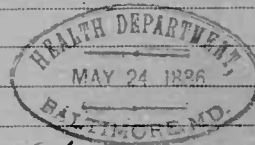
9. Father's Occupation, Printer

10. Father's Birthplace, Belgium

Name of Medical Attendant, or other Person who makes this Return, C. Lane Sanaphill

Address, 219 Madison Ave

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1st 1886

4. Place of Birth, (Street and Number)

Adonell street canton

5. Full Name of Mother,

Mary Sables

6. Mother's Maiden Name,

Mary Becker

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Sables

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Sellers

Address,

104 Curley street canton

Remarks,



If person who is returned in this form is not a citizen of Baltimore City, the person who is returned in this form is not a citizen of Baltimore City, and the person who is returned in this form is not a citizen of Baltimore City.

RETURN OF A BIRTH

88769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1st 1886

4. Place of Birth, (Street and Number)

402 S. Poppleton St.

5. Full Name of Mother,

Lizzette Seim

6. Mother's Maiden Name,

Beyer

7. Mother's Birthplace,

9 S. Poppleton St. Baltimore

8. Full Name of Father,

John Seim

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs Annie Seim

Address,

601 N. Schuman St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

85770

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable."

Seventh

Male

Black

Apr 12

Maternity

Miss Adeline Tyler

Adeline Schuster

Belts

Philo Baker

[illegible]

David Harris M.D.

Maternity

Remarks, -



RETURN OF A BIRTH. 85771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth *April 1st*
4. Place of Birth, (Street and Number) *No. 48 St. Peter St.*
5. Full Name of Mother, *Emma Boehl*
6. Mother's Maiden Name, *Emma May*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Boehl*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Seebach*
- Address, *No. 437 W. Pratt Street*
- Remarks,



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report is made to the Commissioner of Health, Baltimore City, by the Registrar of Vital Statistics, Board of Health, Baltimore City, for each office to be recovered as other files and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 2*

4. Place of Birth, (Street and Number) *316 Madison*

5. Full Name of Mother, *Mary Yeager*

6. Mother's Maiden Name, *Mary Decker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Yeager*

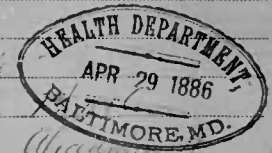
9. Father's Occupation, *Cane maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. R. H. Garrett*

Address, *No 101 N. 1st*

Remarks,



RETURN OF A BIRTH ⁸⁵⁻⁷⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st April*

4. Place of Birth, (Street and Number) *550 Canton St*

5. Full Name of Mother, *Lissi Paff*

6. Mother's Maiden Name, *Faulstich*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *Adam Paff*

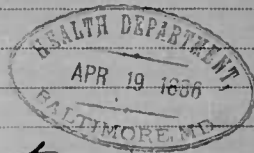
9. Father's Occupation, *Labeler*

10. Father's Birthplace, *Basaria Germ*

Name of Medical Attendant, or other Person who makes this Return, *Mrs G. Weiss*

Address, *424 Lancaster St.*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Persons who will not be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, April 1st 1886

4. Place of Birth, (Street and Number) 313 South Howard St

5. Full Name of Mother, Agnes Robinson

6. Mother's Maiden Name, Agnes Morrison

7. Mother's Birthplace, Kent Island

8. Full Name of Father, Albert Morrison

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Angeline Wilson

Address, 314 D. Howard St

Remarks,



Report as birth to the Registrar of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other days and forfeitures are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁵⁷⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 1st

4. Place of Birth, (Street and Number)

26 Hartford Ave

5. Full Name of Mother,

Catherine M. Wooden

6. Mother's Maiden Name,

Catherine M. Kennedy

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thomas L. Wooden

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Sarah Wooden

Address,

120

Greenmount Ave

Remarks,

RETURN OF A BIRTH 88777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1st 1886

4. Place of Birth, (Street and Number)

282 Sataloga St

5. Full Name of Mother,

Lizzie S. Fay

6. Mother's Maiden Name,

Lizzie S. Fay

7. Mother's Birthplace,

Baltimore County Md

8. Full Name of Father,

Frank M Fay

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

21 N Poppelton St

Remarks,

RETURN OF A BIRTH 85778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1st

4. Place of Birth, (Street and Number) No 8 Rock St

5. Full Name of Mother, Annie Josephine Strong

6. Mother's Maiden Name, Schuminger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Alexander Strong

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 No Pappellton St

Remarks,

RETURN OF A BIRTH.

85779

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 1st 1886*

4. Place of Birth (Street and Number) *No 671 Lexington St*

5. Full Name of Mother *Lidie Addison*

6. Mother's Maiden Name *McCauley*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Edward C. Addison*

9. Father's Occupation *Merchant.*

10. Father's Birthplace *Baltimore - Maryland*

Name of Medical Attendant, or other Person who makes this Return. *J. Ridgely Hammond, M. D.*

Address *No 148 North Carey St.*

Remarks *Child normal, and of fine size.*

of the parents, and the maiden name of the mother of such child or children.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and in the case of the deaths of children under the age of one year, and in the case of the deaths of subjects to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

F

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

APR 1 1886

4. Place of Birth, (Street and Number)

431 W. Mount St.

5. Full Name of Mother,

Nellie O. Ford,

6. Mother's Maiden Name,

Smith,

7. Mother's Birthplace,

Maine,

8. Full Name of Father,

Charles S. Ford,

9. Father's Occupation,

Commission Merchant,

10. Father's Birthplace,

Trinidad,

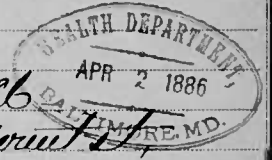
Name of Medical Attendant, or other Person who makes this Return

J. S. Ryte M.D.

Address,

217 Sawalt St.

Remarks,



RETURN OF A BIRTH ⁸⁵⁷⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 1 April 1886

4. Place of Birth, (Street and Number) 79 of Caroline St

5. Full Name of Mother, Maggie Uhlman

6. Mother's Maiden Name, " of Blum

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Ansil Uhlman

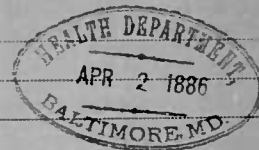
9. Father's Occupation, Station store

10. Father's Birthplace, Balt Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report the birth of every child born in Baltimore City, and the death of every person who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *born April 1st*

4. Place of Birth, (Street and Number) *No 409 W. Pratt St.*

5. Full Name of Mother, *Wilhelmine Spangenberg*

6. Mother's Maiden Name, *Wilhelmine Kannecke*

7. Mother's Birthplace, *Gros Röhden Hanover Germany*

8. Full Name of Father, *Philip Spangenberg*

9. Father's Occupation, *Substitute Letter Carrier*

10. Father's Birthplace, *Hessen Cassel Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie L. Schueder*

Address, *68 W. Schueder St.*

Remarks,



RETURN OF A BIRTH 85783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2, Child*

Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April the 1. 1886*

4. Place of Birth, (Street and Number) *Baltimore St. No. 10,*

5. Full Name of Mother, *Maroline Ludwig*

6. Mother's Maiden Name, *Maroline Deibel*

7. Mother's Birthplace, *Balt^e City*

8. Full Name of Father, *Theodor Ludwig*

9. Father's Occupation, *Blacksmith*

Father's Birthplace, *Balt^e City*

Name of Medical Attendant, or other Person who makes this return. *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to this fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 1st, 1885*

4. Place of Birth, (Street and Number) *Stierling St. No. 28.*

5. Full Name of Mother, *Sophia Kalkbrosch*

6. Mother's Maiden Name, *Sophia Heberlein*

7. Mother's Birthplace, *Braunsbach, W. Prussia Germany*

8. Full Name of Father, *Heinrich Kalkbrosch*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Braunsbach, W. Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Stiller*

Address, *N. Dallas St. No. 26*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 1st 1886

4. Place of Birth, (Street and Number) N. W. Co. Fairmount St. Chestnut

5. Full Name of Mother, Augusta Smith

6. Mother's Maiden Name, Augusta Hall

7. Mother's Birthplace, Anne Arundel Co. Md.

8. Full Name of Father, Henry Smith jr

9. Father's Occupation, Builder

10. Father's Birthplace, Balto City Md.

Name of Medical Attendant, or other Person who makes this Return, Pierre E. Dauschman

Address, 325 E. Balto. st.

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

April 1st 1886



4. Place of Birth, (Street and Number)

11 Webster

5. Full Name of Mother,

Margareth Monahan

6. Mother's Maiden Name,

Margareth Finross

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Monahan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dr. Geo. Jausch

Address,

325 E. Balto. st

Remarks,

RETURN OF A BIRTH

85787

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st one time

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

April 1th 1886

4. Place of Birth, (Street and Number)

218 henretta St

5. Full Name of Mother,

Minnie Shipley

6. Mother's Maiden Name,

Minnie Shipley

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

John Shipley

9. Father's Occupation,

Occupation labour

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Mary Dennis

Address,

no 2 Peach alley near henretta

Remarks,



RETURN OF A BIRTH ⁸⁵⁷⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 2nd 1886

4. Place of Birth, (Street and Number)

249 S Sharp St

5. Full Name of Mother,

Lora Louise Hart

6. Mother's Maiden Name,

Bartz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bernhard B Hart

9. Father's Occupation,

Piano maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

W Seldner M.D.

Address,

S. E. Co Caroline & Eager Sts

Remarks,



Report the date of the birth of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *April 2^d 1886*

4. Place of Birth, (Street and Number) *41 St. Mary's*

5. Full Name of Mother, *Sarah E. Jones*

6. Mother's Maiden Name, *Sarah E. Bayant*

7. Mother's Birthplace, *Culpepper, Va.*

8. Full Name of Father, *John T. Jones*

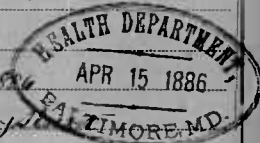
9. Father's Occupation, *Janitor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Hester Calverce*

Address, *39 E. Monument Street*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the time herein prescribed, and shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

For each child born, all persons who shall hereafter, fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Apr 2nd*

4. Place of Birth, (Street and Number) *Maternite*

5. Full Name of Mother, *Agnes Walten*

6. Mother's Maiden Name, *Do*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, *David Davis M.D.*

Address, *Maternite*

Remarks, _____



RETURN OF A BIRTH. ⁸⁵⁷⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *124, St. ... April 2, 1886*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Mary A. Strabler*

6. Mother's Maiden Name, *Ferguson*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Sam'l. Strabler*

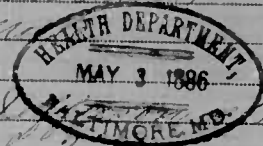
9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Birmingham*

Name of Medical Attendant, or other Person who makes this Return, *Mary A. Strabler*

Address, *256 N. ...*

Remarks,



Report this birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85792

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Twins

First Child new

1. Sex (state whether Male or Female)

All Male

one Female

2. Race or Color (if not of the white race)

Colored.

3. Date of Birth

April 2. 1886.

4. Place of Birth (Street and Number)

102 Shields alley

5. Full Name of Mother

Gertrude Jane Crawford

6. Mother's Maiden Name

Gertrude Jane Dennis

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Samuel Talbot Crawford

9. Father's Occupation

Crocheting and

10. Father's Birthplace

Baltimore County.

Name of Medical Attendant, or other Person who makes this Return.

H. Boyd Urye M.D.

Address

198 Paralyse st.

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 85793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 8th

1. Sex, (state whether male or female)

Male child

2. Race or Color, (if not of the white race)

Catoode

3. Date of Birth

The 2nd of April 1886

4. Place of Birth, (Street and Number)

No. 63. Perry street

5. Full Name of Mother

W. Sizy and Jane

6. Mother's Maiden Name

Sizy and Estmon

7. Mother's Birthplace

Estmon show

8. Full Name of Father

Luice Estmon

9. Father's Occupation

Estmon show

10. Father's Birthplace

Estmon show

Name of Medical Attendant, or other Person who makes this Return.

Miller Cross

Address

187 York street

Remarks



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

85794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



2 day of April 1886

Baltimore City 50 N. Ainsley St.

Kate Ford

Kedian

Ireland

Roger Ford

Drayman

Ireland

Susan Hunter

21 N. Bayretham St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to be fined at a (10) dollar for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
- Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *April 2nd - 1885*
4. Place of Birth, (Street and Number) *129 North Calverton St*
5. Full Name of Mother, *Catharine Elizabeth Steinbach*
6. Mother's Maiden Name, *" " " Meyerland*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Peter Steinbach*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *W. H. Hunter*
- Address, *21 N. Poppleton St*
- Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and the birth person for each office to be recorded in other files and certificates are necessary.

RETURN OF A BIRTH

85796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 2nd 1886

4. Place of Birth, (Street and Number)

104 Penn

5. Full Name of Mother,

Margaret Fowler

6. Mother's Maiden Name,

Margaret Morgan

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Morgan

9. Father's Occupation,

Labrer

10. Father's Birthplace,

Baltimore Md

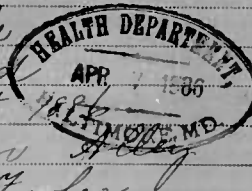
Name of Medical Attendant, or other Person who makes this Return,

Angeline Wilson

Address,

3/4 D. Howard St.

Remarks,



RETURN OF A BIRTH.

85-797

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Col*
3. Date of Birth *Nov 18 1896*
4. Place of Birth (Street and Number) *100 Lombard St*
5. Full Name of Mother *Sarah Rose*
6. Mother's Maiden Name *Sarah Whitten*
7. Mother's Birthplace *Ann Arundel Co*
8. Full Name of Father *Daniel Rose*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Virginia*
Name of Medical Attendant, or other Person who makes this Return. *W. L. Smith*
Address *1100 N. Eldrig St*
Remarks

Report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁷⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of April

4. Place of Birth, (Street and Number) 412 E. Lombard St.

5. Full Name of Mother, Lizzie Weaver

6. Mother's Maiden Name, " Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Weaver

9. Father's Occupation, Barkeeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Hutton

Address, 125 N. Caroline St. Balto. Md.

Remarks, _____



GIVEN NAME ADDED 8-19-57
RETURN OF A BIRTH

85799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Rowland Yearley Mills

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 3rd 1886

4. Place of Birth, (Street and Number)

172 1/2 Harlem Ave

5. Full Name of Mother,

Nellie B. Mills

6. Mother's Maiden Name,

Rowland

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Geo A Mills

9. Father's Occupation,

Lin Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas M. F.

Address,

192 N. Carey St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

The 8th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color - White

3. Date of Birth

The 2nd day of April, 1886

4. Place of Birth, (Street and Number)

1/2. Welcom Alley

5. Full Name of Mother,

Sofa. Johnson

6. Mother's Maiden Name,

Sofa. Jones

7. Mother's Birthplace,

Calvert county

8. Full Name of Father,

Isaac Johnson

9. Father's Occupation,

Oyster Shuck

10. Father's Birthplace,

Calvert county

Name of Medical Attendant, or other Person who makes this Return.

Willey Gross

Address,

187 York street A.P. 1886

Remarks,

report the birth to the Commissioner of Health, to the mother and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 1880

93 Chappel St.

Annie Miller

Hemphill

Germany

Michael Miller

Laborer

Germany

Mrs. Louise Kraft

142 S. Washington St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

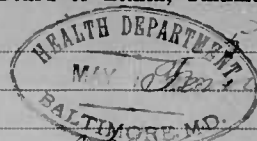
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



April 1885

446 Madeira Alley

Sennie Mills

Taylor

Baltimore

William Mills

Engineer

Baltimore

Mrs. Louise Kraft

142 S. Washington St.

RETURN OF A BIRTH ⁸⁵⁸⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 3^d 1886

4. Place of Birth, (Street and Number) 33 Edmondson Ave

5. Full Name of Mother, Christian Douglass

6. Mother's Maiden Name, Boughton

7. Mother's Birthplace, Pa.

8. Full Name of Father, W. C. Douglass

9. Father's Occupation, Salesman

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return, Thomas Opie

Address, 179 N. Howard

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH.

85804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) wht

3. Date of Birth April 3 - 1886

4. Place of Birth, (Street and Number) 14 Harlem ave

5. Full Name of Mother, H. Belle Thompson

6. Mother's Maiden Name, " " McComas

7. Mother's Birthplace, Ind

8. Full Name of Father, Wm B Thompson

9. Father's Occupation, Salesman

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other Person who makes this Return. G Lane Sanaphill

Address, 219 Madison ave

Remarks, Instruments: chloroform.



report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

Be it remembered, that the undersigned, Registrar of Health, in the manner and within the period above required, and any such person as may be authorized by the Registrar of Health, in the manner and within the period above required, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

85805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 3rd 12 25 P.M. 1886 MD.

4. Place of Birth, (Street and Number)

4 Pr. Bow Chase & Forest -

5. Full Name of Mother,

Mrs. Virginia Peat

6. Mother's Maiden Name,

M. V. Peat

7. Mother's Birthplace,

Bald. City

8. Full Name of Father,

Mr. Peat

9. Father's Occupation,

Marble Worker

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return,

James C. Dinnick M.D.

Address,

277 E. Baltimore St.

Remarks,

Any of the parent or parents of such child to report its birth, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and in the case of children born to women who are married, and who are not subject to a fine of ten dollars for each offense, to be required as other times and penalties are provided.

RETURN OF A BIRTH 8580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4 Child

Male

White

April 3

Cross St 11524

Martha Emma Seamon

Martha Emma Widdoes

Newark Delaware

Sam Seamon

Brick Maker

Baltimore

Ans Mary E. Bentley

116 Bernhard St

Child Dying



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as civil fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-23-51
RETURN OF A BIRTH 85807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *William Dollard*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 2nd 1886*

4. Place of Birth, (Street and Number) *No 11 Clark St.*

5. Full Name of Mother, *Marg. Dollard*

6. Mother's Maiden Name, *Marg. Kane*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Dollard*

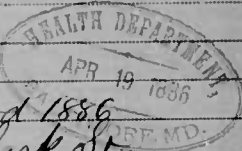
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *W. A. Batt.*

Address, *185 S.E. cor Central av. Monument St*

Remarks, *All Well*



report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

85808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3d April 1886

4. Place of Birth, (Street and Number) 504 Franklin St

5. Full Name of Mother, Ella E. E. E.

6. Mother's Maiden Name, Ella E. E. E.

7. Mother's Birthplace, Germany

8. Full Name of Father, John E. E. E.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return

Address, 113 N. E. E. E.

Remarks, 1886



Person who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined not more than (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

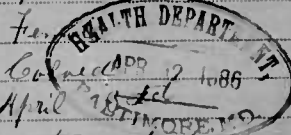
85809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

206 Preston Street

5. Full Name of Mother,

Lusie Green

6. Mother's Maiden Name,

Butler

7. Mother's Birthplace,

St Marys County

8. Full Name of Father,

John Green

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address,

94 Tyson Street

Remarks,

RETURN OF A BIRTH

85810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 3d. 1886.

4. Place of Birth, (Street and Number)

No 124 Saratoga St.

5. Full Name of Mother,

Rosa M. George

6. Mother's Maiden Name,

" " Lauther.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Fredrick George

9. Father's Occupation,

Stresser Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Lindner.

Address,

No 45 S. Monroe St.

Remarks,



Be in attendance upon the Registrar of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH. 85811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

13 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

3 of April 1886

4. Place of Birth, (Street and Number)

17 of Plum alley

5. Full Name of Mother,

Susan Maddox

6. Mother's Maiden Name,

Susan Strickland

7. Mother's Birthplace,

Baltimore M D City

8. Full Name of Father,

Bulliam Maddox

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

Baltimore

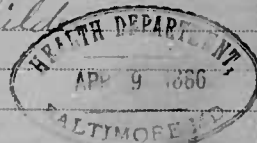
Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Gross

Address,

187 York street

Remarks,



RETURN OF A BIRTH ⁸⁵⁸¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

3

April 1886

4. Place of Birth, (Street and Number)

Lombard St #325

5. Full Name of Mother.

Mary B. Birt

6. Mother's Maiden Name,

" Bailey

7. Mother's Birthplace,

New Orleans

8. Full Name of Father,

Mrs. H. H. Birt

9. Father's Occupation,

Shipping

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. Wiley

Address, 12 Patterson Park av

Remarks,

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

85813

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 5 1886

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

3 Apr, 1886

4. Place of Birth, (Street and Number)

677 2. Charles St

5. Full Name of Mother,

Maggie T. Purdy

6. Mother's Maiden Name,

Whiteside

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Geo. R. Purdy

9. Father's Occupation,

Railroad Engineer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. Hood

Address,

394 W. Gay Street

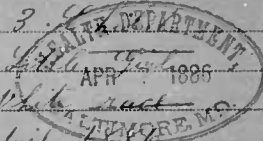
Remarks,

Report its Birth to the Commissioner of Health, in the manner and form provided in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 85814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

3 of April 1886

No 14 Papron st

Mrs Budis

Miss Harmann

west. Prussian Germany

Mrs Budis

Labourer

west Prussian Germany

Mrs Hiller

1017 west Pratt st city

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

35815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *April 3, 1886 - 8:15 AM*

4. Place of Birth, (Street and Number) *No. 2 Barkhead Court,*

5. Full Name of Mother, *Mary Price*

6. Mother's Maiden Name, *Mary Fletcher*

7. Mother's Birthplace, *Balto.!*

8. Full Name of Father, *James Price*

9. Father's Occupation, *Carver*

10. Father's Birthplace, *Balto.!*

Name of Medical Attendant, or other Person who makes this Return. *Harry McEwen, M.D.*

Address, *City Hospital, Balto,*

Remarks, *Child born before 2 weeks.*



RETURN OF A BIRTH. 85816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 3rd 1886

4. Place of Birth, (Street and Number) No 253 S. Charles st.

5. Full Name of Mother, Lena Roeder

6. Mother's Maiden Name, Lena Gilberge

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Roeder

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Catherine Sharning

Address, No 18 Byrd st

Remarks,



report as birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Section 10 of the Public Health Act, 1936, provides that the mother of a child born in England shall be liable to pay for the child's maintenance until the child reaches the age of 16 years. The Act also provides that the mother of a child born in England shall be liable to pay for the child's maintenance until the child reaches the age of 16 years. The Act also provides that the mother of a child born in England shall be liable to pay for the child's maintenance until the child reaches the age of 16 years.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

(c.) Male
Poland
April 3

RECEIVED
HEALTH DEPARTMENT
APR 3 1936
BALTIMORE, MD.

Name of Medical Attendant, or other Person who makes this Return.

Dr. B. B. Browne

Address.

42 Tyson st

Remarks.

Sark Pennington

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
be at the birth of the child, and to remain in attendance upon the mother and child until the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25

4. Place of Birth, (Street and Number) No. 1014 Hanover St.

5. Full Name of Mother, Mary A. Leman

6. Mother's Maiden Name, " " Suckey

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, William Leman

9. Father's Occupation, Lab. Man.

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Amie Leman

Address, No. 1014 Light St.

Remarks,



RETURN OF A BIRTH 85819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 3rd 1886*

4. Place of Birth, (Street and Number) *#110 Hill St*

5. Full Name of Mother, *Catharine Schmidt*

6. Mother's Maiden Name, *Grasskinder*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adam Schmidt*

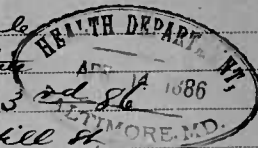
9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mary Krol*

Address, *Mary Krol*

Remarks, *#328 L. Euter St.*



to be attended upon the mother, midwife, or other person who makes this Return, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 8th

4. Place of Birth, (Street and Number)

173 W. Vine Street

5. Full Name of Mother,

Maria Tinner

6. Mother's Maiden Name,

11111 Samuel

7. Mother's Birthplace,

Spottsylvania Virginia

8. Full Name of Father,

Daniel Tinner

9. Father's Occupation,

Seaborn

10. Father's Birthplace,

Alexandria Virginia

Name of Medical Attendant, or other Person who

James Johnson

Address,

947 Johnson St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 or \$20, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 or \$20, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 or \$20.

RETURN OF A BIRTH ⁸⁵⁸²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, April 15 1886

4. Place of Birth, (Street and Number) 143 York street

5. Full Name of Mother, Mary Ann Helle

6. Mother's Maiden Name, Mary Ann

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Edward Helle

9. Father's Occupation, Labr

10. Father's Birthplace, Cambridge, Me.

Name of Medical Attendant, or other Person who makes this Return, Mary Helle

Address, 142 York street

Remarks,

report in this form to the Registrar of Births, in his manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 April 1886

4. Place of Birth, (Street and Number) 183 N. Eden St.

5. Full Name of Mother, Hannah Hopfield

6. Mother's Maiden Name, " Park

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, George Hopfield

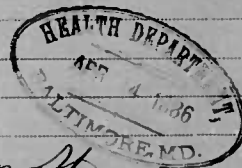
9. Father's Occupation, Salesman

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Wm. Rose Ulbrig
48 Holland St.
Balt.

See in attention to the Registrar of Health, in the manner and within the period above specified, and any person who fails to do so, or any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

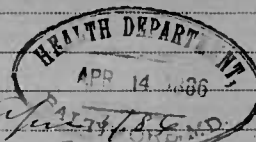
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White

March 14, 1886

204 N. Carey St

Lilly Norman

" " Roads

Baltimore, Md

Geo. Norman

Mfg. of Extracts

Baltimore

D. L. Spiersted

317 N. Lombard St

report the birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

95824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, April 4th 1886

4. Place of Birth, (Street and Number) Parkers Alley

5. Full Name of Mother, Georgianna Jackson

6. Mother's Maiden Name,

7. Mother's Birthplace, West River

8. Full Name of Father, James Jackson

9. Father's Occupation, Laborer

10. Father's Birthplace, Calvert as Ind

Name of Medical Attendant, or other Person who makes this Return, Sarah Rollin's

Address,

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

85-825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 4th

4. Place of Birth, (Street and Number) 91 N. Race St

5. Full Name of Mother, Mrs. Louise Gaffney

6. Mother's Maiden Name, Gilbert

7. Mother's Birthplace, Howard Co. Md.

8. Full Name of Father, John M. Gaffney

9. Father's Occupation, Member of Fire Department

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill

Address, 238 Edmund St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 4th

4. Place of Birth, (Street and Number)

107 S. Caroline St.

5. Full Name of Mother,

Ellen Sloan

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Sloan

9. Father's Occupation,

Pipe Fitter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hannah H. H. H.

Address,

144 S. Bond St.

Remarks,



report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 April 1886

4. Place of Birth, (Street and Number) 195 W. Central Baltimore, MD.

5. Full Name of Mother, Lillie Lafferty

6. Mother's Maiden Name, Rutledge

7. Mother's Birthplace, Balt Md.

8. Full Name of Father, Lewis Lafferty

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

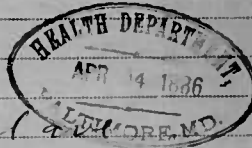
Mrs Rose Albright

Address,

48 Holland St

Remarks,

Balt



RETURN OF A BIRTH ⁸⁵⁸²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

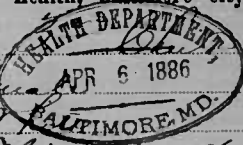
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
Office 11th St
6 Goulds lane
Adeline Bergen
Floyd
Baltimore Md
John Bergen
Driver
Baltimore Md
Dr. C. C. Cooke M.D.
110 Fort av

Be in attendance upon the mother, immediately thereafter if said child is any of the persons or persons of such class, to report its birth to the Commissioner of Health, in the manner and within the period here required, and every such person who fails to do so, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4th of April 1886*

4. Place of Birth, (Street and Number) *Lombard Street Baltimore*

5. Full Name of Mother, *Barbra Friedah*

6. Mother's Maiden Name, *Barbra Hamburger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Lann Hamburger*

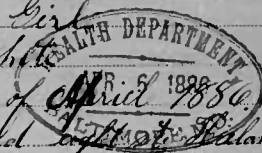
9. Father's Occupation, *Tavern keeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel St. for Justina Kunkel*

Remarks, *Healthy*



use in attendance upon the mother, immediately thereafter, in all cases, the name of the person or persons who shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so after being duly notified, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH 85830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

2 Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 14th 1886

4. Place of Birth, (Street and Number)

1214 Hollis St

5. Full Name of Mother,

Hannah Amelia

6. Mother's Maiden Name,

Hannah Wilson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Amelia

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

J. H. Smith M.D.

Address,

411 N. Calvert St

Remarks,

Twins



RETURN OF A BIRTH 85831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male* *Ben Cohen*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 4th 1886*

4. Place of Birth, (Street and Number) *48 Market Space*

5. Full Name of Mother, *Anna Cohen*

6. Mother's Maiden Name, *Anna Gussman*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Alter Cohen*

9. Father's Occupation, *Operator*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *O. Scherman*

Address, *Albemarle st N 26.*

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4th April

4. Place of Birth, (Street and Number)

205 Lee

5. Full Name of Mother,

Mary E Woodall

6. Mother's Maiden Name,

Rathel

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Jas. Woodall

9. Father's Occupation,

Ship Builder

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

J. W. Webster

Address,

101 Barre st

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 85833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) _____

3. Date of Birth *4th of April*

4. Place of Birth, (Street and Number) *419 1/2 Saratoga st*

5. Full Name of Mother, *Annice Catharine Bockelmann*

6. Mother's Maiden Name, *Annice Catharine Swalt*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George Albert Bockelmann*

9. Father's Occupation, *Harass Maker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mrs E Seabach*

Address, *No 432 W Pratt street*

Remarks, _____

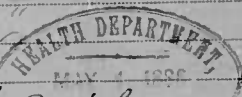


report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth 4th of April
4. Place of Birth, (Street and Number) 313 Ramsey St Baltimore City
5. Full Name of Mother, Mrs. Annie Christina Spindler
6. Mother's Maiden Name, Mrs. " " Schlichthober
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Spindler
9. Father's Occupation, Sugar Maker at present Labor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Seebach
Address, No 433 W Pratt St
Remarks, _____



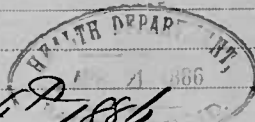
duty of the parent or guardian of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimacy, in which the parent or guardian shall be subject to a fine of ten dollars for each offense, or be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th - April 4th 1886*
4. Place of Birth, (Street and Number) *126 Lombard St*
5. Full Name of Mother, *Eva May Charles*
6. Mother's Maiden Name, *Frederick*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Chas E Charles*
9. Father's Occupation, *Eng. & Capt. Eng*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return, *Geor W. Benson*
- Address, *142 Hanover St*
- Remarks, _____



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

85836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

4 April

4. Place of Birth, (Street and Number)

Eager

5. Full Name of Mother,

Mary Eitzen

6. Mother's Maiden Name,

"

Boyer

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Henry Eitzen

9. Father's Occupation,

Barber

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Address,

Josephine Conrad
50 Barnes St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

85837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth April 4th 1886

4. Place of Birth, (Street and Number) 68 Jenkins St.

5. Full Name of Mother, Annie Hagleton

6. Mother's Maiden Name, Annie Griffice

7. Mother's Birthplace, Greensboro, North Carolina

8. Full Name of Father, Wilson Hagleton

9. Father's Occupation, Waiter

10. Father's Birthplace, Greensboro, North Carolina

Name of Medical Attendant, or other Person who makes this Return. Hester Holman

Address, 89 So. Monument Street

Remarks, _____



Report is made to the Commissioner of Health, the Registrar of Vital Statistics, and the City and County Health Officer, and the person who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th April 1886

4. Place of Birth, (Street and Number)

79 Stockton St

5. Full Name of Mother,

Fanny Nagus

6. Mother's Maiden Name,

Sarah Madden

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Nagus

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Susan Sluiter

Address,

21 N Poppleton St

Remarks,



Report this birth to the Commissioner of Health, in the manner and within the time above required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4 April

4. Place of Birth, (Street and Number)

110 Fayette

5. Full Name of Mother,

Jenny Hess

6. Mother's Maiden Name,

C. Schumann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Christoph Hess

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard Street

Remarks,



85840

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 4th of April 1886

4. Place of Birth, (Street and Number) 8th Little Convent St

5. Full Name of Mother, Bridget Webb

6. Mother's Maiden Name, Bridget Dougherty

7. Mother's Birthplace, Ireland

8. Full Name of Father, Arthur Webb

9. Father's Occupation, Horse-Shoe

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return L. Warden

Address, 190 Greenmount Rd

Remarks, _____



should in either person for in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, and to the person, who shall be designated by the Board of Health, and who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

85841

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 4th

4. Place of Birth (Street and Number) 257 N. Donogh. St.

5. Full Name of Mother Sarah Pinckney

6. Mother's Maiden Name Sarah Nelson

7. Mother's Birthplace Tyaskin Wicomico co Md.

8. Full Name of Father Joseph Hammond Pinckney

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

A. H. Smith 100 N. Elderly St.



RETURN OF A BIRTH ⁸⁵⁸⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th of April.

4. Place of Birth, (Street and Number) 358 C. Chase St.

5. Full Name of Mother, Edwin C. Bawcree.

6. Mother's Maiden Name, " Mayill.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John Bawcree.

9. Father's Occupation, Cigar maker.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Mary Walters.

Address, 25 N. Caroline St. Baltimore Md.

Remarks,



In attendance upon the mother, midwife, physician, or other person who shall hereafter, all to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

April 4th 1886. 12, 30 A.M.

4. Place of Birth, (Street and Number)

21 Albemarle St

5. Full Name of Mother,

Elizabeth Ringes

6. Mother's Maiden Name,

Zeathner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wilhelm Ringes

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

A. Kroppert M.D.

Address,

882 Baltimore St

Remarks,

Instrumental



In accordance with the provisions of the Act of the General Assembly of the State of Maryland, passed March 28, 1883, and amended, the Registrar of Vital Statistics is required to receive and record all births, marriages, and deaths, and to issue certificates of birth, marriage, and death, and to keep a record of the same. The fee for each certificate is one dollar, and for each office use to be recovered as other dues and forfeitures are resort made.

RETURN OF A BIRTH 88144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, April 4th 1886
 4. Place of Birth, (Street and Number) 586 Hanover St
 5. Full Name of Mother, Louise Bendt
 6. Mother's Maiden Name, Bender
 7. Mother's Birthplace, Germany
 8. Full Name of Father, August Bendt
 9. Father's Occupation, Saloon Keeper
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Dr. W. Gumbel
 Address, 170 N. Sharp St
 Remarks,

RETURN OF A BIRTH, 85845

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11 children

1. Sex (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

4 of April

4. Place of Birth, (Street and Number)

81 North Beathel Street

5. Full Name of Mother

Hella Clark.

6. Mother's Maiden Name

Hella Clark.

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

General Willison.

9. Father's Occupation

a Laborer

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Harriet Britten

Address

91 Jefferson St.

Remarks

Name of the mother of this child or children.

RETURN OF A BIRTH ⁸⁵⁸⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

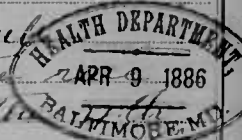
9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 11th 1886
 4. Place of Birth, (Street and Number) 198 East Chas. St. 1886
 5. Full Name of Mother, Rosa Schroeder
 6. Mother's Maiden Name, Rosa M. Wilson
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Robert Schroeder
 9. Father's Occupation, Stone-Cutter.
 10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Spencer H. Free, M.D.
- Address, #160 Cutler Place
- Remarks, _____



report his birth to the Commissioner of Health, in the instance and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

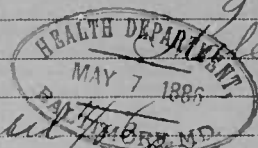
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



April 7 1886
No 5335 Durham St

Mary Wendor
Liniermann

Baltimore

John Wendor

Laborer

Holland

Mrs. Louise Kraft

142 S. Washington St

RETURN OF A BIRTH

85549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Son*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 4th 1886*

4. Place of Birth, (Street and Number) *141 Baltimore St*

5. Full Name of Mother, *Mary Elizabeth Thomas*

6. Mother's Maiden Name, *" " Smith*

7. Mother's Birthplace, *Petersburg Va.*

8. Full Name of Father, *Francis G. Smith Thomas*

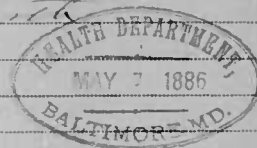
9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *J. C. Williams*

Address, *87 W. Bond St*

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth April 4. 1886

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. *Father's Occupation.*

10. *Father's Birthplace*

Name of Medical Attendant,

Address,

Remarks,



any person shall incur a fine of ten (\$10) dollars or imprisonment for not more than one year, if he or she fails to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars and such offense to be considered as other dues and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person for failure to do so shall be liable to a fine of not more than ten dollars, and for each failure to be recorded.

RETURN OF A BIRTH ⁸⁵⁸⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Apr 4 86

4. Place of Birth, (Street and Number)

Maternity

5. Full Name of Mother,

Annie Clark

6. Mother's Maiden Name,

et

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D. Davis M.D.

Address,

Maternity

Remarks,



RETURN OF A BIRTH 85853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 5th 1886

4. Place of Birth, (Street and Number) 120 W. Calver St.

5. Full Name of Mother, Mary Rebecca Wilson Mackay

6. Mother's Maiden Name, " " " " " " " " " " " "

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Oliver Mackay

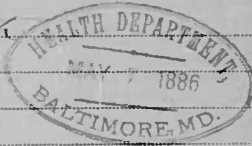
9. Father's Occupation, Manufacturer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, J. C. Harrison or other Person who makes this Return

Address, 811 Park St.

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 3 - 4:10 A.M.

4. Place of Birth, (Street and Number)

W. Cor. Pratt & Front Sts

5. Full Name of Mother,

Lena Simons

6. Mother's Maiden Name,

Lena Simons

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

John Louis Simons

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return,

James E. Simons

Address,

399 E Baltimore St.

Remarks,

be to attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence, and the provisions of this section, shall be subject to the fine of ten dollars for each offence.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

85-835-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

April 20th 1886

4. Place of Birth (Street and Number)

No 65 2nd Wey &

5. Full Name of Mother

Annie Books

6. Mother's Maiden Name

Nelson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Joseph Leaver Books

9. Father's Occupation

Hackman

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Voltaire Pringle M.D.

Address

116 E. Gay St. Wm.

Remarks

Sound nature on free term

85-856

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each such offence to be recovered as and for fines and forfeitures are recoverable.

15th Child

Girl
 HEALTH DEPARTMENT
 of *Washington* 1880
 DALLAS TEXAS
 DALLAS TEXAS

276 East Pratt St. Baltimore, Md.

276 East Pratt Street MD.

276 East 1st Street, New York

Suzan Foster

Swan Schrier,

Germany.

Mark Schiefer

Govern. Keeper.

Germany.....

Crescentia Kunkei

71 North Chapel street per Gustina Kunkel.

Healthy.

be in accordance with the mother, law, which requires that it shall be sworn the duty of this person or persons of such, child to
the birth of the child, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first*
1. Sex, (state whether male or female) *A Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *the fifth of April*
4. Place of Birth, (Street and Number) *Columbia ave 206*
5. Full Name of Mother, *Josephine Rieman Hollmann*
6. Mother's Maiden Name, *Josephine Rieman*
7. Mother's Birthplace, *Bückhausen Hessen Germany*
8. Full Name of Father, *Dietrich Hollmann*
9. Father's Occupation, *Cabinetmaker*
10. Father's Birthplace, *Brunel Oldenburg Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Miss Bangs*
- Address, *426 Cross St*
- Remarks, _____



RETURN OF A BIRTH 85859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 of April 1886

4. Place of Birth, (Street and Number) 106 Chase St

5. Full Name of Mother, Therisia Widenbaker

6. Mother's Maiden Name, Therisia Widenbaker

7. Mother's Birthplace, St Mary's 3 lb Cal. Pa.

8. Full Name of Father, Geo. W. Widenbaker

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Widenbaker

Address, 173 Chestnut Ave

Remarks, 1886



Who in addition to the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, within the time and in the manner required, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH

85860

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 10 5th

4. Place of Birth, (Street and Number)

W. 4th St. N. E. City

5. Full Name of Mother,

Annie C. Ganson

6. Mother's Maiden Name,

Gaola

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas J. Ganson

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary A. Lecky

Address,

57. No. Frederick St.

Remarks,



RETURN OF A BIRTH, 85-861

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 6 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 5 1886

4. Place of Birth, (Street and Number)

North Calvert St 110 Baltimore Md

5. Full Name of Mother

Eva A Groff

6. Mother's Maiden Name

Eva A Palmer

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Nicholas J Groff

9. Father's Occupation

Shaver and Scourer

Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this return.

Admunda Marine

Address

175 North Eden St

Remarks

name of the mother of such child or children.

Certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so, shall be liable to a fine of ten dollars, and for each offense to be repeated as often as such fine and forfeitures are recoverable.

RETURN OF A BIRTH.

PS 862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 5 1886

4. Place of Birth, (Street and Number)

Abbott St. 15.

5. Full Name of Mother,

Marie Zeman

6. Mother's Maiden Name,

Stupka

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Zeman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Josephine Conrad

Address,

20 Barnes

Remarks,

This Child lived only one hour after Birth

RETURN OF A BIRTH

85863

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

April 5 1886

4. Place of Birth, (Street and Number)

1035 Biddle alley

5. Full Name of Mother,

Virginia Purnell

6. Mother's Maiden Name,

Virginia Butler

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Richard Purnell

9. Father's Occupation,

Carver

10. Mother's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this return

Marion Mason

Address,

37 walnut alley

Remarks,

RETURN OF A BIRTH

85-864

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white -

3. Date of Birth,

April 5/86

4. Place of Birth, (Street and Number)

73 N. Eden

5. Full Name of Mother,

Ann Eliza Warkman

6. Mother's Maiden Name,

" " Leckman

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Henry Thomas Warkman

9. Father's Occupation,

wood worker

10. Father's Birthplace,

Leckman

Name of Medical Attendant, or other Person who makes this Return

Irving Miller

Address,

1179 E. Monument St.

Remarks,

RETURN OF A BIRTH

85865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

April 5/86

4. Place of Birth, (Street and Number)

74 S. Wash. St.

5. Full Name of Mother,

Alice M. Jarrett

6. Mother's Maiden Name,

" " Hartung

7. Mother's Birthplace,

London Eng.

8. Full Name of Father,

Alvin Jarrett

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Penna.

Name of Medical Attendant, or other Person who makes this return.

R. W. Mansfield M. D.

Address,

50 S Broadway

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Apr. 6th 1886.

4. Place of Birth, (Street and Number) 294 Canal St.

5. Full Name of Mother, Mary Weiner.

6. Mother's Maiden Name, " Stenzel.

7. Mother's Birthplace, Patterson N.J.

8. Full Name of Father, John Weiner.

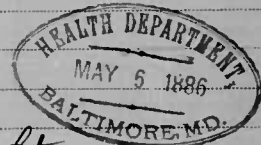
9. Father's Occupation, Barber

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. L. B. Hillquist

Address, 112 E. Monument St.

Remarks,



Birth of any child about recent without the aid of a midwife, or other person, shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, within the time specified in the following table, and if the person or persons so report the birth to the Commissioner of Health, within the time specified in the following table, the person or persons so reporting shall be exempted from the fine of ten (10) dollars for each offense to be reported as other laws and forfeitures are recoverable.

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, prescribed in the regulations of the Board of Health, and no person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁵⁸⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *6th of April*

4. Place of Birth, (Street and Number) *Scott Street 401*

5. Full Name of Mother, *Sarah K Sheppard*

6. Mother's Maiden Name, *Sarah K Seniore*

7. Mother's Birthplace, *Baltimore Maryland*

8. Full Name of Father, *Charles E. Sheppard*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore Maryland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Bently*

Address, *No 6 Richmond St*

Remarks, *Child living*



be in attendance upon the mother, immediately thereafter a nurse, licensed by the city of Baltimore, or a person authorized by the city of Baltimore, shall be present, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White
April 6 1886
63 Battery Av
Emma Matthews
Emma Dixon
Baltimore
William Matthews
Mariner
Baltimore
H. Babbe MD
50 Harrison Av

RETURN OF A BIRTH ⁸⁵⁵⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Peach alley No 14

4. Place of Birth, (Street and Number)

April 6 1886

5. Full Name of Mother,

Rutha Emanuel

6. Mother's Maiden Name,

Rutha Jennings

7. Mother's Birthplace,

Annerman

8. Full Name of Father,

Robert Emanuel

9. Father's Occupation,

brick maker

10. Father's Birthplace,

South hampton virginia

Name of Medical Attendant,

or other Person who makes this return

annie johnson

Address,

83 plum alley

Remarks,



in cases the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons designated by the Board of Health, and such report shall be subject to the provisions of the Act in that behalf made, and the parent or persons so failing to comply with the provisions of the Act shall be liable to a fine of not less than five dollars, nor more than twenty dollars, for each offence, to be recovered as other fines and penalties are recoverable.

be in attendance upon the mother, from birth to the time of delivery, and the duty of the person or persons so attending, shall be to report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other due and forfeiture are recoverable.

RETURN OF A BIRTH 85870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

April 6 1886

4. Place of Birth, (Street and Number)

Pennington Alley, No. 200

5. Full Name of Mother,

Mrs. Francis Matthews

6. Mother's Maiden Name,

Miss Mary Francis Kaufman

7. Mother's Birthplace,

Salvert County, Md.

8. Full Name of Father,

Mrs. Daniel Matthews

9. Father's Occupation,

barberian and waiter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. William Bond

Address,

277 West Baltimore St.

Remarks,



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is duly licensed or qualified to attend in the name of the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. April 6, 1886

4. Place of Birth, (Street and Number) 171 Chesapeake St.

5. Full Name of Mother, Elizabeth Dash

6. Mother's Maiden Name, Elizabeth Bradis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Dash

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Swaine

Address, 59 Superior St.

Remarks, _____



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

85872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April

4. Place of Birth, (Street and Number)

486 Eastern Avenue

5. Full Name of Mother,

Mary Engel

6. Mother's Maiden Name,

Mary Goad

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Engel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. H. Garrett

Address,

4065 Bank

Remarks,



RETURN OF A BIRTH.

85873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 6th of April 1886

4. Place of Birth, (Street and Number) 101 86th st

5. Full Name of Mother, Sophia Holmes

6. Mother's Maiden Name, Sophia Jones

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Marcellus Holmes

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address, 181 York st

Remarks,



15874

birth of any child shall occur, should the respondent be a parent or a grandparent, he or she should not attempt to be in attendance upon the mother, immediately thereafter, or on any day of the period or periods of such child's birth, in order to be present at the birth of the child of the period also required, except in the case of the birth and death of illegitimate children, and any parent or person who fails to comply with the provisions of this section shall be subject to a fine of not more than \$100 and imprisonment for not more than 30 days, which are severable.

et

-

- Black

- April 6, 18

- 118 Haze Alley

- Henrietta K. Reed

- Benvenuto Willing

- 1891

- John A. B. B. B.*

- They. *Stutzer*

- Beckmatalden

- B. L. Moore

- 11-11-11

- Mary S. ...



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Birth of any child shall occur without the attendance of a physician or a midwife, or should be attended by any other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and form provided by law, and to pay the fee thereon. If any person, or persons, shall neglect to do so, or shall be guilty of any other offense, he or they shall be liable to a fine of ten dollars for each offense, to be recovered as other fines are hereinafter provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, April 4, 1886

4. Place of Birth, (Street and Number) 18 Nass Alley

5. Full Name of Mother, Marietta Williams

6. Mother's Maiden Name, Marietta Williams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Williams

9. Father's Occupation, Brickmolder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Swaine

Address, 89 S. E. St.

Remarks, _____



85875

interference between the first and third day of each and every month to the office of the Commissioner of Health. In the case of a birth of a child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, as other family with the provisions of this section, shall be subject to the fine of ten (10) dollars as other family and non-family are recoverable.

11th

W. Hall

Coloured

April 6th

Best to eat 10 good

Eliza Brook

Elmer Brock

Bal to Cebu

Thomas Brooke

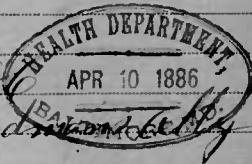
Hod carrier

Belt City

Harah Zascar Midwife

Hacker St. Baltimore

Remarks, -



RETURN OF A BIRTH.

85876

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

white

3. Date of Birth

April 6

4. Place of Birth (Street and Number)

11 S. Gilman

5. Full Name of Mother

Mary Josenhous

6. Mother's Maiden Name

Mary Elsh

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Fredrick Josenhous

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Robert K. Kearns

504 W. Biddle St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

Birth of a child is to be reported to the Office of the Commissioner of Health, in case the birth of a child occurs, without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, within the date of the birth of the child, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁸⁵⁸⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 6th 1886*

4. Place of Birth, (Street and Number) *147 W. Castle St.*

5. Full Name of Mother, *Anna M. Fuchs*

6. Mother's Maiden Name, *Kirchner*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Adam Fuchs*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *W. Seldner M.D.*

Address, *15 E. Eager & Caroline Sts.*

Remarks, _____



certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH.

85-878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Gold

3. Date of Birth

April 6-1886

4. Place of Birth, (Street and Number)

137 Hill St

5. Full Name of Mother,

Jully Smith

6. Mother's Maiden Name,

Jully Room

7. Mother's Birthplace,

Calbert county

8. Full Name of Father,

Seppard Smith

9. Father's Occupation,

Calbert county

10. Father's Birthplace,

Calbert county

Name of Medical Attendant, or other Person who makes this Return.

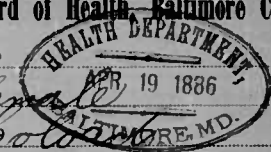
Scholarship Williams

Address,

104 S. Howard St

Remarks,

five dollars



RETURN OF A BIRTH ⁸⁵⁸⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5.

HEALTH DEPARTMENT
APR 19 1886
BALTIMORE, MD

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

WILKINSON, MD

3. *Date of Birth.*

6th April 1886

4. *Place of Birth, (Street and Number)*

Expend. 34 425

5. *Full Name of Mother,*

Clara Emma Howard

6. *Mother's Maiden Name,*

Yumbie

7. *Mother's Birthplace,*

Baltimore City

8. Full Name of Father,

John Bowman

9. *Father's Occupation,*

Railroad Watchman

10. *Father's Birthplace,*

Buller's Co

Name of Medical Attendant, or other Person who makes this Return.

Miss Hunter

Address,

21 N Baymont St

Remarks,

Birth of any child shall occur without the attendance of a Physician or Jeweller or Jeweller, or should to effect a new birth in the mother, immediately thereafter it shall become the duty of the person or persons of such child to be in attendance upon the mother, and such person or persons shall be liable to the penalty of the law for each offense to be recorded in the birth record, and any such person or persons who shall thereafter fail to comply with the provisions of the law, shall be liable to the fine of ten (10) dollars for each offense to be recorded in the birth record.

RETURN OF A BIRTH ^{85 880}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 6 1886*

4. Place of Birth, (Street and Number) *No 223 N. E. 1st St.*

5. Full Name of Mother, *Eril Bjerd*

6. Mother's Maiden Name, *Eril Beachvil*

7. Mother's Birthplace, *Sagittary*

8. Full Name of Father, *Charles Bjerd*

9. Father's Occupation, *Ice Cart & Dealer*

10. Father's Birthplace, *B. Frederick*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Brill*

Address, *185 S. E. cor Central av. & Monument St.*

Remarks, *All Well*



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 16 - 1886
40 Warner st.
Emma Wilhelm.
Worf.
Germany
Fred Wilhelm.
Wp. polster.
Germany

J. Lohwasser Midwife.
930 Hanover st.

85882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

- Mermal
 Edgar
 April 15/1886
 HEALTH DEPARTMENT
 APR 15 1886
 BOSTON
 BOSTON
 BOSTON

May Noble
142 York street

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each such offense to be recovered as shall fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁵⁻⁸⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Apr. 7th 1886

4. Place of Birth, (Street and Number) #180 E. Baltimore St.

5. Full Name of Mother, Emma Tandler

6. Mother's Maiden Name, Schmallbach

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, A. G. Tandler

9. Father's Occupation, Confectioner

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hilliger

Address, #182 E. Monument St.

Remarks,



Certificates of birth and death are required by law, and every person who neglects to furnish the same, or who furnishes false information, shall be liable to a fine of ten (\$10) dollars for each offense to be recovered.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other laws and ordinances are now in force.

RETURN OF A BIRTH. 85884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) wht

3. Date of Birth April 7. 1886.

4. Place of Birth, (Street and Number) 56 Laurens St

5. Full Name of Mother, Martha E Smith

6. Mother's Maiden Name, " " Mason

7. Mother's Birthplace, Md

8. Full Name of Father, Peter Smith

9. Father's Occupation, Sivery Stable Keeper

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Danvers

Address, 219 Madison ave.

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should be reported to the Registrar of Vital Statistics, within the duty of the person or parents of such child, and any person who shall fail to do so, shall be liable to the provisions of this section, and any such person shall be liable to the fine of ten (10) dollars.

RETURN OF A BIRTH

85-885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 7 86

4. Place of Birth, (Street and Number)

Maternity

5. Full Name of Mother,

Mary Russel

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Massachusetts

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D Davis M.D.

Address,

Maternity

Remarks,



birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child so report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 of April 1884

4. Place of Birth, (Street and Number) 14 Somerset St

5. Full Name of Mother, Maggie E. Hart

6. Mother's Maiden Name, Maggie Butler

7. Mother's Birthplace, Germany

8. Full Name of Father, Anton E. Hart

9. Father's Occupation, Laber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Sauer

Address, 143 Highland Ave

Remarks, 1884



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother shall report the same to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth April 7th

4. Place of Birth, (Street and Number) No 4 S. Union St

5. Full Name of Mother, Elizabeth J. Gray

6. Mother's Maiden Name, " " Sapp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Capt. Walter L. Gray

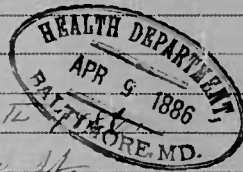
9. Father's Occupation, " of Bunk New Light

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D.

Address, 121 E. Balto St.

Remarks, _____



RETURN OF A BIRTH. 85888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

April 4 - 1886

4. Place of Birth, (Street and Number)

366 Canton St.

5. Full Name of Mother,

Lizzie Bauer

6. Mother's Maiden Name,

Bonnet

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. Bauer

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

151 E. Pratt St

Remarks,

GIVE NAME ADDED 9-15-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Edwardina Pipe

of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female) *F*
2. Race or Color, (if not of the white race) *Col*
3. Date of Birth, *April 7 1886*
4. Place of Birth, (Street and Number) *338 N. Howard*
5. Full Name of Mother, *Sarah E. Pipe*
6. Mother's Maiden Name, *" Tarpean*
7. Mother's Birthplace, *Pa*
8. Full Name of Father, *Edward Pipe*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*C. B. Leander M.D.
519 Cathedral St.*

En is all - tance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above set forth, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁹¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7 April 1886*

4. Place of Birth, (Street and Number) *73 Rowe St*

5. Full Name of Mother, *Mary Scott*

6. Mother's Maiden Name, *Deaford*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Scott*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return, *Chas Wilson*

Address, *Ch 12 Patterson Park av*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 85891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 April

4. Place of Birth, (Street and Number)

42 St. High

5. Full Name of Mother,

Minnie Bruckhuff

6. Mother's Maiden Name,

Beck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Bruckhuff

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



report the birth to the Commissioner of Health, in the manner and within the time specified, and any person who fails to do so, or who makes a false report, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

COVER NAME ADDED 5-14-51
RETURN OF A BIRTH

85892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Name: William Agnes Andrews



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child
le.
April 7 1886
342 Hanover St.
Anna Andrews
Goetzendiner
America
Henry Andrews
Laborer
America

J. Lohwasser. Midwife.
380 Hanover St.

be an attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

85-893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

8th April



4. Place of Birth, (Street and Number)

146 West

5. Full Name of Mother,

Kate Mc Carmuck

6. Mother's Maiden Name,

Owenney

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Mc Carmuck

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

W. W. Webster M.D.

Address,

101 Barron

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

85894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 8/86

4. Place of Birth, (Street and Number)

No 125 S. Spring St

5. Full Name of Mother,

Maggie Haskell
Senhauser

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Clinton Haskell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

142 S. Washington St.

Remarks,

Should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person present to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars.

RETURN OF A BIRTH⁸⁵⁸⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 8/86

4. Place of Birth, (Street and Number)

126 Broom st

5. Full Name of Mother,

Fannie Griffin

6. Mother's Maiden Name,

Stevens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Augustus Griffin

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Charlotte S Lewis

Address,

167 Varney st

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of this person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and to file a copy of this return with the Commissioner of Health, or person who shall hereafter act in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁸⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 8 86

4. Place of Birth, (Street and Number)

Maternite

5. Full Name of Mother,

Katie Erbe

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D. Davis M.D.

Address,

Maternite

Remarks,



in any manner from the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, April 8th 1886

4. Place of Birth, (Street and Number) Vincent Alley

5. Full Name of Mother, Susanna Carter

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Joseph Carter

9. Father's Occupation, Laborer

10. Father's Birthplace, Warrenton Co Virginia Maryland

Name of Medical Attendant, or other Person who makes this Return, Sarah Rotters

Address,

Remarks,



RETURN OF A BIRTH 85898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8 April 1886

4. Place of Birth, (Street and Number) Hudson St 173

5. Full Name of Mother, Mary L. Lightner

6. Mother's Maiden Name, Wappler

7. Mother's Birthplace, Prussian

8. Full Name of Father, Theodore Lightner

9. Father's Occupation, Leather

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Miss Wiley

Address, No 12 Patterson Park

Remarks, _____

Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be negligent in this respect, shall be subject to the fine after (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 8. 1886

22 N. Chester St.

Mrs. Annie Barbara Sloan

Miss " " Niegel

Balt. Md.

Thomas P. Sloan

Dec business

Balt. Md.

Dr. G. Burk M.D.

39 2 E. Balt. St.

Natural delivery

For an accurate record of the birth of every child, it is required that the mother, or any other person who may be present at the birth, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 8th 1886

4. Place of Birth, (Street and Number)

No 55 Monroe St.

5. Full Name of Mother,

Eide Doll

6. Mother's Maiden Name,

" Corant

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leus Doll

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Annie Lindner

Address,

No 45 S. Monroe St.

Remarks,



RETURN OF A BIRTH ⁸⁵⁹⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *April 8th 1886*

4. Place of Birth, (Street and Number) *No 15 Diamond St.*

5. Full Name of Mother, *Sarah Hawkins*

6. Mother's Maiden Name, *Young*

7. Mother's Birthplace, *Prince George Co., Md*

8. Full Name of Father, *James Hawkins*

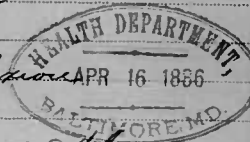
9. Father's Occupation, *Blackster*

10. Father's Birthplace, *Prince George Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



85902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Finale

Ph

Apr 18th 1884

To 3 Exacts

Fannie Musbaum

Aimur

Back to —

Myer A. Lusk

Clothing

Bat City -

6 B. Button and

H. Broadway

Remarks,



repayment is made to the Commissioner or is credited to the donor's account, no further action shall be required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 8

4. Place of Birth, (Street and Number) 84 Burgundy alley

5. Full Name of Mother, Emeline C. Fowler

6. Mother's Maiden Name, Emeline C. White

7. Mother's Birthplace, Eastern shore Va

8. Full Name of Father, Jacob F. Fowler

9. Father's Occupation, Brick maker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Annie Johnston

Address, 103 Plum Alley

Remarks, _____

Any of the parents or persons of such child in regard to the birth of the child, in the manner, and within the period and under the conditions prescribed in this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 8 of April

4. Place of Birth, (Street and Number) 44 Chestnut St

5. Full Name of Mother, Eliza Sammers

6. Mother's Maiden Name, Eliza Ashton

7. Mother's Birthplace, Boston Nov

8. Full Name of Father, Charles Sammers

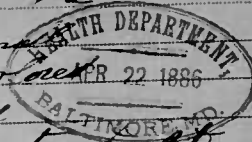
9. Father's Occupation, Labor

10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson

Address, 14 England St

Remarks, _____



ward its birth to the Commissioner of Health. In the signer and within the period above fixed, and any person who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10, or shall be liable for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 85905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 of April 1886

4. Place of Birth, (Street and Number)

184 Chase Street

5. Full Name of Mother,

Margaret G. O'Rourke

6. Mother's Maiden Name,

Margaret G. McGuire

7. Mother's Birthplace,

Brockton, Mass.

8. Full Name of Father,

Wm. O'Rourke

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Portsmouth, N.H.

Name of Medical Attendant, or other Person who makes this Return.

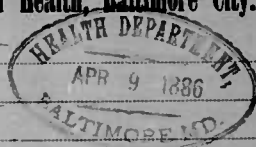
Mrs. Christina Sauer

Address,

173 Maryland Ave.

Remarks,

1886



report to have to the Commissioner of Health, or the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁵⁹⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th day of May

4. Place of Birth, (Street and Number) No. 41 Goodman's Alley

5. Full Name of Mother, Bridget Appleton

6. Mother's Maiden Name, Bridget Kennedy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Appleton

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Salina G. Graham

Address, 11th and West St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each return to be recovered as other fines and forfeitures are recoverable.

reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19 1886

4. Place of Birth, (Street and Number) Baltimore, Md.

5. Full Name of Mother, Mary W. Hoff

6. Mother's Maiden Name, Mallory

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W. Hoff

9. Father's Occupation, Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Frederick Lockwood

Address, 156 Maryland

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85-908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

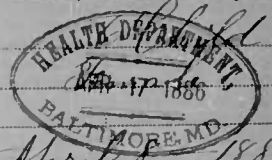
9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 8 1886

198 Hamburg St.

Katy Eichmann.

Sauer.

America.

George Eichmann.

Taylor.

Germany.

J. Schwasser, Midwife.

330 Hanover St.

report its birth to the Commissioner of Health, in the manner and form provided in this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

April 8, 1886

4. Place of Birth, (Street and Number)

123 N. Bond St. Balto. Md.

5. Full Name of Mother,

Kate, Marys Elizabeth Vonderheide

6. Mother's Maiden Name,

Seaverkamp

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Herman Henry Vonderheide

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address, 115 Walker St. Baltimore Md.

Remarks,



RETURN OF A BIRTH

85910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 8, 1886*
4. Place of Birth, (Street and Number) *Ray Washington Street*
5. Full Name of Mother, *Annie Peltz*
6. Mother's Maiden Name, *Annie Rhoads*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Paul W. Peltz*
9. Father's Occupation, *Proctor*
10. Father's Birthplace, *Horseshoe Cove*
- Name of Medical Attendant, or other Person who makes this Return. *J. J. Mankin*
- Address, *1212 N. Avenue*
- Remarks, *(Mrs Ray-nurse)*

RETURN OF A BIRTH⁸⁵⁹¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8, 1886

4. Place of Birth, (Street and Number) 408 Rice Street

5. Full Name of Mother, Julia Bachelor

6. Mother's Maiden Name, Julia Shaffer

7. Mother's Birthplace, June Sweden, Co.

8. Full Name of Father, Leonard Bachelor

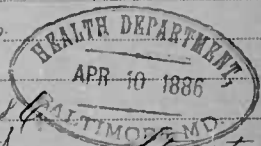
9. Father's Occupation, Sea-Captain

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary S. Swann

Address, 59 Eugene St.

Remarks,



will in the period above required, except in the cases of illegitimate children, not pay person or persons who shall be liable for the same, and who are not subject to a fine of 10 dollars for each offense, to be recovered as other fines and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense shall be liable to a fine of ten (10) dollars, or to imprisonment for not more than thirty (30) days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH ⁸⁵⁹¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 8th, 1885

4. Place of Birth, (Street and Number)

222 E. Biddle St., Balt., Md.

5. Full Name of Mother,

Luna Johnson Hawthorne

6. Mother's Maiden Name,

" " Stevenson

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Charles L. Hawthorne

9. Father's Occupation,

Printer

10. Father's Birthplace,

Lancaster County, Pa.

Name of Medical Attendant, or other Person who makes this Return,

Mrs. Julia G. Gonyea

Address,

466 N. Gay St.

Remarks,

Birth of any child shall occur without the assistance of a Physician or practitioner of medicine, or should no object person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH.

85913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

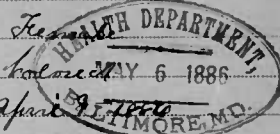
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



64 St. Mary Street

Lizzie Hopkins

Lizzie Stephenson

Frederick Co. Md.

Isaac Hopkins

Waiter

Howard Boomer

Heater Notance

38 E. Monument Street

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 85-914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *P*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 9th 1886

4. Place of Birth, (Street and Number)

Baltimore City 168 Bungeusky

5. Full Name of Mother,

Bridget Beynon

6. Mother's Maiden Name,

Bridget Walsh

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William Beynon

9. Father's Occupation,

Seabor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. Shaffer

Address,

135 Ridgely St

Remarks,



Birth of any child shall occur within the jurisdiction of the City of Baltimore, and shall be reported to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time specified in the regulations of the Board of Health, and any person or persons who shall violate the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 9th 1886*
4. Place of Birth, (Street and Number) *190 Madison St.*
5. Full Name of Mother, *Emma L. Borman*
6. Mother's Maiden Name, *Oetting*
7. Mother's Birthplace, *Boston Mass*
8. Full Name of Father, *James H. Borman*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Portsmouth Va.*
- Name of Medical Attendant, or other Person who makes this Return, *S. H. Seldner M.D.*
- Address, *S. E. Cor Caroline & Gay Sts.*
- Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

85-9/6

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

32
Male
White
April 9th 1886
No 173 Division St
Florence Muller
Florence Boone
Baltimore City
Hamilton Muller
Telegrapher
Baltimore City
J. R. Appleby M.D.
234 W. Fayette St



In accordance with the act of the General Assembly, passed March 1, 1886, any clerk or person of such rank or position as may be designated by the Board of Health, in the manner and to the effect provided in and to be recovered, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



149 York street

Annie Slantley
Baltimore m.d.

Mary Mahle
142 York street

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and if any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{85 919}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 9th 1886

4. Place of Birth, (Street and Number)

No. 19 Tremont St.

5. Full Name of Mother,

Mollie Randahl

6. Mother's Maiden Name,

" Bauer.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Jacob Randahl

9. Father's Occupation,

Iron Glad Paint Dealer.

10. Father's Birthplace,

Howard County, Anne Arundel.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. S. M. M. M.

Address,

Remarks,

be in attendance upon the mother, or, immediately thereafter, if again become the mother of a child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹²¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9 April 1886

4. Place of Birth, (Street and Number) 62 Millman St

5. Full Name of Mother, Mary Winter

6. Mother's Maiden Name, Webb

7. Mother's Birthplace, Europe

8. Full Name of Father, Charles Winter

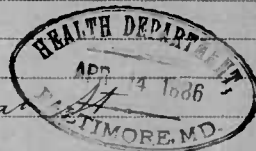
9. Father's Occupation, Taylor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs Rose Ellis

Address, 48 Holland St

Remarks, Baltimore



RETURN OF A BIRTH ⁸⁵⁹²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *9 April*

4. Place of Birth, (Street and Number) *Lombard St. No. 55*

5. Full Name of Mother, *Barbara Dorn*

6. Mother's Maiden Name, *Bennet*

7. Mother's Birthplace, *Reichfeld, Baiern, German*

8. Full Name of Father, *Georg Dorn*

9. Father's Occupation, _____

10. Father's Birthplace, *Reisingen, Baiern, German*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mueser*

Address, _____

Remarks, *Cents. Market Space No 13*



be in attendance upon the mother, immediately thereafter if and, according to the duty of the person or persons of such, with the report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

85922

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

April 9th 1886

4. Place of Birth (Street and Number)

No 12 Chart St

5. Full Name of Mother

Mary Jane Cooper

6. Mother's Maiden Name

to to to

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Thomas B. Evans M.D.

Address

22 Jackson Square Balto. Md.

Remarks

RETURN OF A BIRTH ⁸⁵⁹²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Ida Anderson (male)*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *Colored*
 Date of Birth, *29 days of Sept 1892*
 Place of Birth, (Street and Number) *155 Stockton St*
 Full Name of Mother, *Ida Anderson*
 Mother's Maiden Name, *not married*
 Mother's Birthplace, *Annerindel County annapolis*
 Full Name of Father, *Lewis Jones*
 Father's Occupation, *don't know*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Liza Cornish*
 Address, *51 Harrison Lane*
 Remarks,



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

As in attendance upon the birth, immediately thereafter, and within the period above specified, and any such person or persons who shall hereafter be required to attend upon the birth of a child, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 9

4. Place of Birth, (Street and Number)

326 Adams street

5. Full Name of Mother,

Elizabeth M. Ginn

6. Mother's Maiden Name,

Elizabeth Yates

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas M. Ginn

9. Father's Occupation,

Care carrier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. R. A. Garrett

Address,

No 15 Burke St.

Remarks,



Who is attending upon the mother immediately before, during, and after the birth of the child, shall be under the duty of this person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and for each offense to be received as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *April 9th 1886*

4. Place of Birth, (Street and Number) *11 Church St Balto MD*

5. Full Name of Mother, *Hester Miles*

6. Mother's Maiden Name, *Hester Costas*

7. Mother's Birthplace, *Eastern Shore MD*

8. Full Name of Father, *John Miles*

9. Father's Occupation, *Brick Maker*

10. Father's Birthplace, *Pocomoke Va*

Name of Medical Attendant, or other Person who makes this Return, *Jarrah Lee*

Address, *224 Hughes St Balto MD*

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered in an other sum and forfeitures are recoverable.

RETURN OF A BIRTH

85926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



104 Chester street

Maggie Overside

Maggie Fincord

Baltimore

William H. Fincord

Laborman

Baltimore

Crescencia Kunkel

71 North Chapel st. per Justina Kunkel

Healthy

RETURN OF A BIRTH ⁸⁵⁹²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th May 1886

4. Place of Birth, (Street and Number) 1011 N. 1st St

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Mary Acaker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Smith

9. Father's Occupation, Laber

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this return, Julia Goshaker

Address, 1011 N. 1st St

Remarks, _____



Every person who is born in Baltimore City, or in any other place within the limits of the City, shall be registered in the manner and within the period above required, and any such person who fails to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

to be printed by the City of Baltimore, and the printer or printers of such report shall be liable to the City of Baltimore for the cost of such report, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 day of April

4. Place of Birth, (Street and Number) 242 119 William

5. Full Name of Mother, Annie Richards

6. Mother's Maiden Name, Annie Bell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Richards

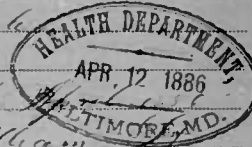
9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Salina Greubaker

Address, 46 122 West St

Remarks,



RETURN OF A BIRTH 85937

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 7th 1886

4. Place of Birth, (Street and Number) 71 Madison Avenue

5. Full Name of Mother, Amelia Spicker

6. Mother's Maiden Name, Amelia Hallett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Spicker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor, M.D.

Address, 93 Madison Ave

Remarks.



RETURN OF A BIRTH 85930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 9

4. Place of Birth, (Street and Number) 272 Canton Street

5. Full Name of Mother, Maria Tittle

6. Mother's Maiden Name, Robinson

7. Mother's Birthplace, Westmoreland Ct. Virginia

8. Full Name of Father, John Tittle

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return, Anni Johnson

Address, 9 S. Tyson Street

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as in law made and forfeitures are recoverable.

RETURN OF A BIRTH

85931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *9th of April*
 4. Place of Birth, (Street and Number) *130 Steward st*
 5. Full Name of Mother, *Lizzie C Kahan*
 6. Mother's Maiden Name, *Goughlin*
 7. Mother's Birthplace, *Prager*
 8. Full Name of Father, *Barney L Kahan*
 9. Father's Occupation, *Labor*
 10. Father's Birthplace, *Dublin*
 Name of Medical Attendant, *Mrs E da Sadler*
or other Person who makes this Return.
 Address, *No 5 New st*
 Remarks,

report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10th 1886

4. Place of Birth, (Street and Number) Roll St. near Gay

5. Full Name of Mother, Martha Bantz

6. Mother's Maiden Name, Martha Harback

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Bantz

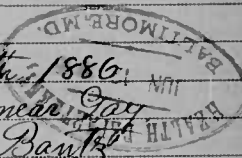
9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr. A. Butt.

Address, 185 S.E. on Central av. & Monument St.

Remarks, All Well.



RETURN OF A BIRTH. 85933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth

April 15 1886 MAY 6 1886

4. Place of Birth, (Street and Number)

307 Tappan Street

5. Full Name of Mother,

Bettie Booz

6. Mother's Maiden Name,

Bettie Murray

7. Mother's Birthplace,

Richmond, Va.

8. Full Name of Father,

John Booz

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Maryland

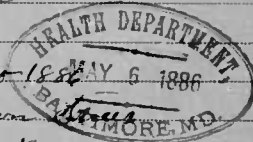
Name of Medical Attendant, or other Person who makes this Return.

Thos. W. H. H. H.

Address,

38 Government Street

Remarks,



in every place upon the subject of marriage, birth, death, and burial, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10 1886

4. Place of Birth, (Street and Number) 99 N. E. St.

5. Full Name of Mother, Maria H. Sanker

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Balt.

8. Full Name of Father, Wm. S. Sanker

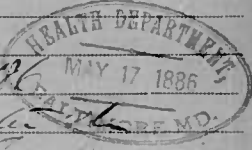
9. Father's Occupation, Seaman

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, Edw. J. Doyle

Address, 24 Cornhill St.

Remarks, looked this one when Maria my return.



report, in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female
White
MAY 3 1886
BALTIMORE, MD.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 10 86
Maternite

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Lucy Massie

6. Mother's Maiden Name,

7. Mother's Birthplace,

Florida

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D. Davis M.D.
Maternite

Address,

Remarks,

RETURN OF A BIRTH, 859.36

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 14 April 10th 1886

4. Place of Birth, (Street and Number) 7 Bentall St

5. Full Name of Mother Lizzie Heck

6. Mother's Maiden Name Lizzie Apple

7. Mother's Birthplace Germany

8. Full Name of Father George Heck

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Callie Doll

Address 7257 Bentall St

Remarks

name of the mother of each child or children.

RETURN OF A BIRTH 85937

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd*

1. *Male*, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 10, 86*

4. Place of Birth, (Street and Number) *205 Park Ave.*

5. Full Name of Mother, *Natie + Campbell Eildsbrant*

6. Mother's Maiden Name, *Natie + Campbell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles H. Eildsbrant*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. A. J. Kohn*

Address, *494 N. 4th St.*

Remarks, *Infant born + delivered by 494 N. 4th St. - Had completely satisfied - probably 10 mo.*

He is authorized upon the mother, immediately thereafter it shall become the duty of the person of whom a child is born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH. 85938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 16th 1886

4. Place of Birth, (Street and Number)

129 Harlem Avenue

5. Full Name of Mother,

Lucy Hooper

6. Mother's Maiden Name,

Gambrell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W. Hooper

9. Father's Occupation,

Police

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Morris M.D.

Address,

No. 57 Lombard St.

Remarks,



RETURN OF A BIRTH 85939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 10th 1886

4. Place of Birth, (Street and Number)

113 S Register

5. Full Name of Mother,

Anna M

Reinig

6. Mother's Maiden Name,

"

"

Trager

7. Mother's Birthplace,

City

8. Full Name of Father,

Peter Reinig

9. Father's Occupation,

Tailor

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



Reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

to 115 S. Queen St. Baltimore City

4. Place of Birth, (Street and Number)

to 115 S. Queen St.

5. Full Name of Mother,

Margaretta Sheplein

6. Mother's Maiden Name,

Wislock

7. Mother's Birthplace,

City

8. Full Name of Father,

Anton Sheplein

9. Father's Occupation,

Cook

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Bely

Address,

120 Bank St.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

85941

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 10th 1886

4. Place of Birth (Street and Number)

137 W. Elderry St

5. Full Name of Mother

Laura Dixon

6. Mother's Maiden Name

Laura Black

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Harry Dixon

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm W. Hill M.D.

Address

196 E. Baltimore St

Remarks



reports the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, April 10, 1886

4. Place of Birth, (Street and Number) No. 37 James Alley

5. Full Name of Mother, Mary Miles Harttlove

6. Mother's Maiden Name, Shanklin

7. Mother's Birthplace, Baltimore Co

8. Full Name of Father, James Henry Harttlove

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Elizabeth Yewell or other Person who makes this Return.

Address, 68 Fort Ave

Remarks, _____

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 85948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 April 1886

4. Place of Birth, (Street and Number) 941 Washington st

5. Full Name of Mother, Pauline Matter

6. Mother's Maiden Name, Pauline Miesenhalt

7. Mother's Birthplace, Germany

8. Full Name of Father, Simon Miesenhalt

9. Father's Occupation, Potter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, May Kiptst

Address, 69 N Washington st

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

to be returned upon the mother, and after the birth of the child, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 April 1886

4. Place of Birth, (Street and Number) Mulberry alley, 8 door South of monument

5. Full Name of Mother, Bridget Thomas

6. Mother's Maiden Name, Bridget Kellelick

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Thomas

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address, 67 N Washington St

Remarks,

is in attendance upon the mother, and is duly licensed, hereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are heretofore.

RETURN OF A BIRTH

85945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 April 1886

4. Place of Birth, (Street and Number) 811 Eastlight St

5. Full Name of Mother, Kate Klingenstein

6. Mother's Maiden Name, Kate Scharf

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Klingenstein

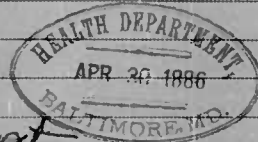
9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, May Koptich

Address, 69 1/2 Washington St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 April 1886

4. Place of Birth, (Street and Number) 16 Abbott St

5. Full Name of Mother, Mary (Vojik) Vojik

6. Mother's Maiden Name, Mary Peter

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph (Vojik) Vojik

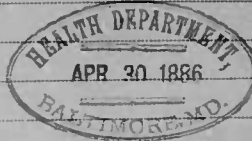
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kiputist

Address, 69 S Washington St

Remarks, Full name - Charles T. Vojik



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th day of April 1896

4. Place of Birth, (Street and Number) No. 909 E. Baltimore St.

5. Full Name of Mother, Mary Graham

6. Mother's Maiden Name, Mary Dougherty

7. Mother's Birthplace, St. Michaels

8. Full Name of Father, James Graham

9. Father's Occupation, Labr

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Salina Graham

Address, No. 125 West St

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the time herein required, and every mother who fails to do so shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85-948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 May of 1886

4. Place of Birth, (Street and Number) No. 85 West

5. Full Name of Mother, Mary Wallis

6. Mother's Maiden Name, Mary Hathhouse

7. Mother's Birthplace, Hanover

8. Full Name of Father, Henry Wallis

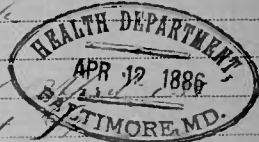
9. Father's Occupation, Carter

10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return, Sabina Gashaber

Address, No. 12, West 4

Remarks, _____



report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th Aug. 1886

4. Place of Birth, (Street and Number) 215 N. Baltimore St.

5. Full Name of Mother, Barbara Gentry

6. Mother's Maiden Name, Barbara Gentry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mathew Gentry

9. Father's Occupation, Cane maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Sabina Greenhalgh

Address, 115 N. West St.

Remarks, _____



RETURN OF A BIRTH ⁸⁵⁹⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

10th April

4. Place of Birth, (Street and Number)

55 E. Lombard

5. Full Name of Mother,

Annie Rusley

6. Mother's Maiden Name,

Höfler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francois Rusley

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Sarah C. Asher

Address,

72 E. Lombard

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period there required, and any such person who fails to do so shall be liable to a fine of not more than ten dollars for each failure to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each child so to be returned as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 85951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth April 10 1886

4. Place of Birth, (Street and Number) 93 down st

5. Full Name of Mother, susen Buell

6. Mother's Maiden Name, susen rustic

7. Mother's Birthplace, Northampton Va

8. Full Name of Father, Edward Buell

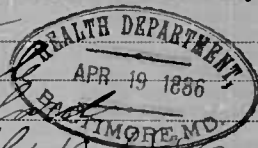
9. Father's Occupation, Labor

10. Father's Birthplace, Acamash Va

Name of Medical Attendant, or other Person who makes this Return, Schofield Williams

Address, 1041 S. Howard St

Remarks, five dollars



RETURN OF A BIRTH ⁸⁵⁹⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10 of April*

4. Place of Birth, (Street and Number) *419 Alice Anna St.*

5. Full Name of Mother, *Mary Fuchs*

6. Mother's Maiden Name, *= Missel*

7. Mother's Birthplace, *Rapach Bavaria*

8. Full Name of Father, *John Fuchs*

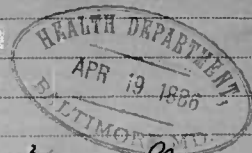
9. Father's Occupation, *Labeler*

10. Father's Birthplace, *Glufstett Bavaria*

Name of Medical Attendant, or other Person who makes this return, *Mrs E. Weiss*

Address, *424 Lancaster St.*

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colo

3. Date of Birth, 10 April

4. Place of Birth, (Street and Number) 130 Durham St

5. Full Name of Mother, Marier Mae

6. Mother's Maiden Name, Norfolk and Co Va

7. Mother's Birthplace, Hammon Bayley

8. Full Name of Father, Breckinridge

9. Father's Occupation, Baltimore City

10. Father's Birthplace, Clirbeth medony

Name of Medical Attendant, or other Person who makes this Return, 124 Durham St

Address, Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex, (state whether male or female)

White Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10th April

4. Place of Birth, (Street and Number)

383 East Eager

5. Full Name of Mother,

Julie Fick Michael

6. Mother's Maiden Name,

Julie Fick

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Michael

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Christina Lauer

Address,

173 Hartford Ave

Remarks,

Baltimore Maryland 1886 10th April



RETURN OF A BIRTH 85955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 10 - 1886

4. Place of Birth, (Street and Number) 103 Shields Alley

5. Full Name of Mother, Nizzie Howkins

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Place Col. Md.

8. Full Name of Father, Plato Howkins

9. Father's Occupation, Lab

10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this return, Wm Gray Smith M.D.

Address, 834 Green St

Remarks,



resort to the Commission of Health to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 6th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 11th April*

4. Place of Birth, (Street and Number) *No 211 Friend Street*

5. Full Name of Mother, *Elizabeth Schriber*

6. Mother's Maiden Name, *Elizabeth Herbert*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Schriber*

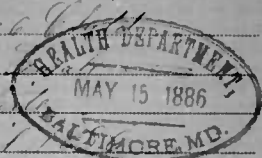
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Ch. Lauer*

Address, *No 143 Maryland Ave*

Remarks, *Bal Md*



1886

Report has birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

85959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 11

4. Place of Birth, (Street and Number) 133 Henrietta St.

5. Full Name of Mother, Augusta Bachmann

6. Mother's Maiden Name, Augusta Endbrink

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Bachmann

9. Father's Occupation, Candy Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Münch

Address, 1 Leadenhall St.

Remarks,



For attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who shall be required to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine on ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



145 N. Key St

Sophie Martin

Sophie Drexel

Baltimore

August H. Martin

Wagon Dealer

Germany

L. V. Vindius

2. Cathedral St.

RETURN OF A BIRTH ⁸⁵⁻⁹⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 11th*

4. Place of Birth, (Street and Number) *Sharp St. No. 340*

5. Full Name of Mother, *Margaret Neashin*

6. Mother's Maiden Name, *Margaret Creamer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Neashin*

9. Father's Occupation, *Milk man*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Miss Munch*

Address, *1 Ladsenhall St.*

Remarks,



report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 11*

4. Place of Birth, (Street and Number) *Baltimore Pierce St 210*

5. Full Name of Mother, *Louisa C. Seidler*

6. Mother's Maiden Name, *Louisa C. Brown*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Charles Seidler*

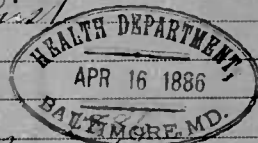
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Rosenberg Austria Europe*

Name of Medical Attendant, or other Person who makes this Return. *Susan Shuster*

Address, *21 N. Bayreuther St*

Remarks,



report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

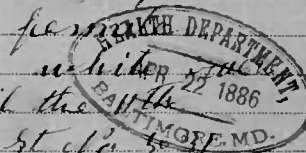
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



female
white
April the 22nd
Light St No 532
Betty Dixon
Smith
Maryland
James W Dixon
labour
Frederick Gould
Elizabeth Hawthorn
Light St No 532

RETURN OF A BIRTH 85-962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11 April 1886*

4. Place of Birth, (Street and Number) *15 Park St*

5. Full Name of Mother, *Rosey Gwyn*

6. Mother's Maiden Name, *McKenna*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frederick Roy*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Miss H. Day*

Address, *412 Patterson Park Ave*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

85963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

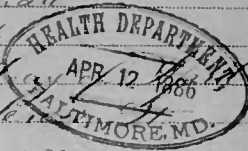
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13 Child*



1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 2nd, 11. 1886.*
4. Place of Birth, (Street and Number) *E. Fayette St. No 337*
5. Full Name of Mother, *Margaretha Hörr*
6. Mother's Maiden Name, *Margaretha Neumann*
7. Mother's Birthplace, *Pittsburg, Pennsylvania*
8. Full Name of Father, *John Hörr*
9. Father's Occupation, *Pastor*
10. Father's Birthplace, *Pittsburg, Pa.*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*

Address *No. Dallas St. No 26.*

Remarks,

reports for birth in the Baltimore City Health Department, and for each of the other cities and towns in the State of Maryland, shall be subject to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

85965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 11th 1886*

4. Place of Birth, (Street and Number) *105 E. Cross Street*

5. Full Name of Mother, *Marie Vogelbaum*

6. Mother's Maiden Name, *"J. Hill*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Levin Vogelbaum*

9. Father's Occupation, *Tramway*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Frederick C. C. C. C.*

Address, *1216 N. Howard St.*

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

in attendance upon the mother, immediately after the birth of the child, and the person or persons of such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH.

85966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 11

4. Place of Birth, (Street and Number)

Street Muller 10th

5. Full Name of Mother,

Marie Kizour

6. Mother's Maiden Name,

" " Sup'k

7. Mother's Birthplace,

" Bohemia

8. Full Name of Father,

Frank Kizour

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Josephine Conrad

Address,

20 Barnes St

Remarks,

This Child has lived only 3/4 of a hour,
(Missbirth)



date of the period or parents, or such child, in regard to the birth of the child, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁵⁹⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *April 11th 1886*

4. Place of Birth, (Street and Number) *91 Arch St*

5. Full Name of Mother, *Ell Jones*

6. Mother's Maiden Name, *Bell Clousey*

7. Mother's Birthplace, *Carrington Co*

8. Full Name of Father, *Andrew Jones*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Tompkins*

Address, *26 Josephine St*

Remarks, *none*



RETURN OF A BIRTH

GIVEN NAME ADDED 3-3-52

88968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Helen D. Hachtel*

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2nd



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 11th 1886

4. Place of Birth, (Street and Number)

117 Edmondson Ave

5. Full Name of Mother,

Ella W. Hachtel

6. Mother's Maiden Name,

Ella Wilson

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

Charles Edward Hachtel

9. Father's Occupation,

Fertilizer Manufacture

10. Other's Birthplace,

B. C.

Name of Medical Attendant, or other person who makes this return

Marney Hill

Address,

117 Edmondson Ave

Remarks,

85969

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Third 3

male

Lewis

11th April 1886

87 Winkler Spack

Cassie Kowitzberg

Goldman

Poland, Germany

Lewis Ruesigberg

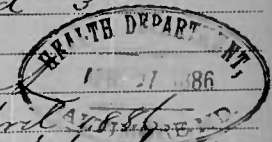
Merchandise

Polux Germany

Wm L. May

48 Hollow str

48 Hollow str



RETURN OF A BIRTH ⁸⁵⁹⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11th of April 1886*

4. Place of Birth, (Street and Number) *46 North Ann street*

5. Full Name of Mother, *Mary Foster*

6. Mother's Maiden Name, *Mary Fowler*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John F. Fowler*

9. Father's Occupation, *Booster*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescencia Kunkel*

Address, *77 North Chapel street per Justina Kunkel*

Remarks, *Healthy*



Be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of neglecting to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁻⁹⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child.

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of April 1886

4. Place of Birth, (Street and Number)

No 5 Macabin street

5. Full Name of Mother,

Lena Draube

6. Mother's Maiden Name,

Lena Breidenbach

7. Mother's Birthplace,

Germany

8. Full Name of Father,

France Breidenbach

9. Father's Occupation,

Laborman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Gregorina Kunkel

Address,

77 North Chapel street for Justina Kunkel

Remarks,

Healthy



See to attendance upon the mother, immediately thereafter, and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Apr 11*

4. Place of Birth, (Street and Number) *168 Eille Ave*

5. Full Name of Mother, *Sarah Stern*

6. Mother's Maiden Name, *Kupf*

7. Mother's Birthplace, *U S*

8. Full Name of Father, *Solomon Stern*

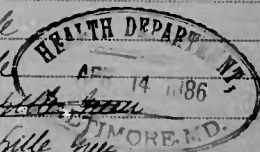
9. Father's Occupation, *Printer*

10. Father's Birthplace, *U S*

Name of Medical Attendant, or other Person who makes this Return, *A. Friedewald M.D.*

Address, *84 N. Calver*

Remarks,



Persons who fail to comply with the provisions of this section, shall be subject to a fine of five (5) dollars for each offense.

RETURN OF A BIRTH 85.973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



April 11/86

41 Bankstreet

Dina Nolte

Werner

Germany

Friedrich Nolte

Restaurant

Germany

Mrs. Louise Kraft

142 S. Washington St.

report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth April 11th 1886

4. Place of Birth, (Street and Number) 12 Wheatmont Baltimore MD.

5. Full Name of Mother, Maggie Smith

6. Mother's Maiden Name, Maggie Thomas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Smith

9. Father's Occupation, carter

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other Person who makes this Return, Hester Motenice

Address, 598 E monument street

Remarks, _____



RETURN OF A BIRTH ⁸⁵⁹⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April the 9th
4. Place of Birth, (Street and Number) Baltimore Hancock St No 514
5. Full Name of Mother, Elmer A. Lavery
6. Mother's Maiden Name, Thornes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lavery
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth H. Hetherington
- Address, Light St No 530
- Remarks,



Persons who report to the Registrar of Births, in the manner and within the period above required, and any such person or persons who fail to report as required, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Report his birth to the Commissioner of Health, in the manner and within the period above required, and pay such penalty or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 12 1885

4. Place of Birth, (Street and Number) 76 Woodstock St

5. Full Name of Mother, Rachel Baring

6. Mother's Maiden Name, Rachel Bauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Baring

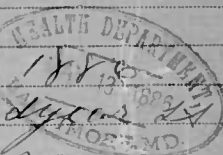
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Mrs. C. Mesencher

Address, 123 Mosher St

Remarks, _____



be in attendance upon the mother immediately thereafter it shall become the duty of the person so present to sign and file with the Registrar a certificate of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and no such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White

Apr 12 1886

142 Birch St

Emma M Smith

Landon

Maryland

Math J Smith

Clerk

Maryland

R. W. Mansfield MD

J Smith

RETURN OF A BIRTH ⁸⁵⁹⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Twelfth (12) day of April

4. Place of Birth, (Street and Number)

25 Penn. Ave.

5. Full Name of Mother,

Mary Elizabeth Mathews

6. Mother's Maiden Name,

" " " Ackerman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Adolph Mathews

9. Father's Occupation,

Expressman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Annie Gumbler

Address,

66 N. Schroeder St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Any person who fails to report the birth of a child in the manner and within the period there required, and any such person or persons who are guilty of this offense, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

april 14 25 1886

4. Place of Birth, (Street and Number)

693 Saratoga

5. Full Name of Mother,

Lacy fletcher

6. Mother's Maiden Name,

Miss bellum

7. Mother's Birthplace,

elster show ua

8. Full Name of Father,

Spencer fletcher

9. Father's Occupation,

porter

10. Father's Birthplace,

elster show ua

Name of Medical Attendant, or other Person who makes this Return.

Address,

annie bonish 34 Bonded Street

Remarks,

report the birth to the Commissioner of Health, in the manner and within the time here required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ^{85 980}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 10 1886

4. Place of Birth, (Street and Number) 113 Congress

5. Full Name of Mother, Martha Consum

6. Mother's Maiden Name, Martha Lancaster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Consum

9. Father's Occupation, Carpenter

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other Person who makes this Return, Scholarship Williams

Address, 164 S. Howard St

Remarks, first dollar



RETURN OF A BIRTH ⁸⁵⁹⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 17th 1886

4. Place of Birth, (Street and Number)

127 Mulvan St.

5. Full Name of Mother,

Minnie Cluber

6. Mother's Maiden Name,

Minnie Degeal

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Cluber

9. Father's Occupation,

Picture Frame maker

10. Father's Birthplace,

St. Louis

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

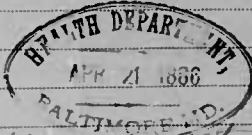
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female

White

April 19th

No 674 Hanover St

Lizzie Meaker

Lizzie Lutz

Baltimore Co Md

Henry Meaker

Blay pipe maker

Baltimore city md

C. Hinton

No 682 South Charles St

RETURN OF A BIRTH. 85983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth 19th April

4. Place of Birth, (Street and Number) Baltimore Md. 74 Chestnut St.

5. Full Name of Mother, Kate Moon

6. Mother's Maiden Name, Kate Marx

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Richard Moon

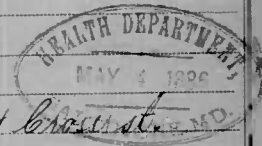
9. Father's Occupation, Pick maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return, Max Sebach

Address, No 439 W 7th St

Remarks,



Report to be made by the Registrar of Vital Statistics, Baltimore City, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85-984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth 19th

4. Place of Birth, (Street and Number) 177 Broadway St

5. Full Name of Mother, Anna Thines

6. Mother's Maiden Name, Anna Miller

7. Mother's Birthplace, Ireland

8. Full Name of Father, Caleb B. Thines

9. Father's Occupation, Truckster

10. Father's Birthplace, Rochester

Name of Medical Attendant, or other Person who makes this Return, Miss Seebach.

Address, 439 W Pratt Street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report as data to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 85985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 19th

4. Place of Birth, (Street and Number)

266 E Chase St

5. Full Name of Mother,

Anna Regina Willinger

6. Mother's Maiden Name,

Anna Regina Schenk

7. Mother's Birthplace,

Bancaster Pa

8. Full Name of Father,

Louis J. Willinger

9. Father's Occupation,

Coal & Wood Yard

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



RETURN OF A BIRTH

15786
(way)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name- *HUGH FERNAN DIS WATTS*

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th April 1886

4. Place of Birth, (Street and Number)

64 Pruden Street

5. Full Name of Mother,

Mary & Mitchell Watts

6. Mother's Maiden Name,

" " "

7. Mother's Birthplace,

Mayland

8. Full Name of Father,

Henry Watts

9. Father's Occupation,

Electrician

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

C B Gandy M D

Address,

59 Cathedral St

Remarks,



RETURN OF A BIRTH ⁸⁸⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19, 1886

4. Place of Birth, (Street and Number) 197 Cathedral St.

5. Full Name of Mother, Maggie Gosnell

6. Mother's Maiden Name, Maggie Shea

7. Mother's Birthplace, Balti. Co.

8. Full Name of Father, James Gosnell

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balti. Md.

Name of Medical Attendant, ^{Author Person Who} Jas. M. Craighill

Address, 11 M. CRAIGH

Remarks, _____



within the period, also required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 85988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Born 19th of April 1886

No 4 Calverton road

Mrs Riphe

Mrs Lora Cithie

Born Hanover Germany

Mrs Riphe

Laborer

Born Hanover Germany

Mrs Hiller

1017 west Paul st

For each return to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19th 1896

4. Place of Birth, (Street and Number) 165 Huguenot St

5. Full Name of Mother, Maria May

6. Mother's Maiden Name, O'Dea

7. Mother's Birthplace, City

8. Full Name of Father, William May

9. Father's Occupation, Trimmer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, J. C. Burchard

Address, 151 Hanover St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

as persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 859911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19th

4. Place of Birth, (Street and Number) 207.5 N. Holliday St.

5. Full Name of Mother, Mary Borneman

6. Mother's Maiden Name, Schultz

7. Mother's Birthplace, City

8. Full Name of Father, Wm Borneman

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. A. Burch, M.D.

Address, 151 Nassau St.

Remarks,



RETURN OF A BIRTH

85990A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, April 17 1886

4. Place of Birth, (Street and Number) 293 S Bond St

5. Full Name of Mother, Mary Elise

6. Mother's Maiden Name, Mary Margrath

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Elise

9. Father's Occupation, Police

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Smith

Address, child. home. Anne Elise.

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

~~Male~~ Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

4 April 19 1886

4. Place of Birth, (Street and Number)

139 Johnson

5. Full Name of Mother,

Laura Seth

6. Mother's Maiden Name,

Warner

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

James Seth

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Johna O'Neil

Address,

Remarks,



or persons who shall hereafter fill in conformity with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 19th

4. Place of Birth, (Street and Number) St. 518 W. Pratt St

5. Full Name of Mother, Mary Bender

6. Mother's Maiden Name, Mary Pfleger

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Bender

9. Father's Occupation, _____

10. Father's Birthplace, Germany

11. Name of Medical Attendant, or other Person who makes this Return, _____

Address, Mrs. Sumler

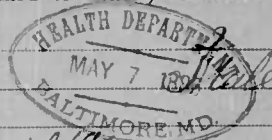
Remarks, 60 North Calver Ave

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

April 19/86

176 Eastern Ave

Maggie Walters

Esslinger

Virginien

Breed. Walters

Laborer

Germany

Mrs Louise Kraft

142 S. Washington St.

RETURN OF A BIRTH 85994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

9th

Male

White

April 19th 1886

589

Bertha Gruter

Schleide

Germany

Arman Gruter

Baker

Baltimore

Dr. W. S. Murrell

Bay View Street

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 19th 1886

4. Place of Birth, (Street and Number)

589 20 Day Street

5. Full Name of Mother,

Bertha Gruber

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herman Gruber

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. W. S. S. S. S. S.

Address,

Superintendent

Remarks,

RETURN OF A BIRTH ⁸⁵⁹⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19 1886

4. Place of Birth, (Street and Number) 521 Maple St

5. Full Name of Mother, May Mamer

6. Mother's Maiden Name, Marie Schriener

7. Mother's Birthplace, Germany

8. Full Name of Father, Adolf Mamer

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. May Kefauver

Address, 169 Washington St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

April 19, 1886

4. Place of Birth, (Street and Number)

271 Hoffmann street

5. Full Name of Mother,

Mary Ellen Lee

6. Mother's Maiden Name,

Mary Ellen Taylor

7. Mother's Birthplace,

Baltimore M.D.

8. Full Name of Father,

George Washington Lee

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return.

Hester Dolence

Address,

38 E. Monument street

Remarks,

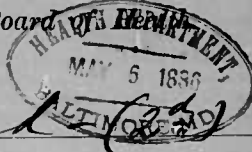


RETURN OF A BIRTH,

over
85998

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Name of Child: Edward Albert Schaefer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 19/86.

4. Place of Birth, (Street and Number)

No. 270

W. Biddle St

5. Full Name of Mother

Annie Meschaw Schaefer

6. Mother's Maiden Name

Lambden

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

Edward Schaefer

9. Father's Occupation

Clerk

Baltimore, Md

10. Father's Birthplace

Sanis W. Knight m.d.

Name of Medical Attendant, or other Person who makes this Return.

112 N. Greene St

Address

Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁹⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

4th
Male
White
Apr 17 1886
90 Lee St
Ambert J. Gladling
Trader
Va
Michael W. Gladling
Comm. Merchant
Va
R. C. Lee
Hanover St

RETURN OF A BIRTH ⁸⁶⁰⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth 15th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *20th April, 1886*

4. Place of Birth, (Street and Number) ** 126 W. Central Ave*

5. Full Name of Mother, *Mary Fivole*

6. Mother's Maiden Name, *Freeman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Hermon Fivole*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Wm. R. Wieg.*

Remarks, *486 W. Howard St.*

Be in all cases upon the mother, immediately thereafter it shall be the duty of the person or persons who shall be required to report the birth of a child, to file a return of the birth of such child, and any such person who shall fail to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report may be made to the Registrar of Vital Statistics, in the manner and to the effect herein provided, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Born 20th of April 1886*

4. Place of Birth, (Street and Number) *No. 410 Mc Henry at*

5. Full Name of Mother, *Mrs Hetrich*

6. Mother's Maiden Name, *Mrs. Henrietta Feint*

7. Mother's Birthplace, *Hessen Germany*

8. Full Name of Father, *Mr Henry Hetrich*

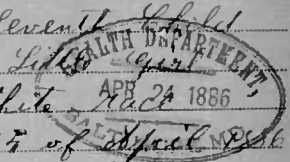
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Hessen Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Miller*

Address, *1017 West Pratt St*

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars, and each address to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *20th*

4. Place of Birth, (Street and Number) *170 Durham St Baltimore City*

5. Full Name of Mother, *Amanda Cunningham*

6. Mother's Maiden Name, *Amanda Doherty*

7. Mother's Birthplace, *of Baltimore Maryland City*

8. Full Name of Father, *Robert Doherty*

9. Father's Occupation, *Carriage Maker*

10. Father's Birthplace, *of Baltimore Maryland City*

Name of Medical Attendant, *Dr. J. B. Smith* or other Person who makes this Return, *Amanda*

Address, *124 N. Durham St*

Remarks,



Be it enacted by the Commissioners of Health, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, April 21
 4. Place of Birth, (Street and Number) No. 426 Light St.
 5. Full Name of Mother, Annie Packer
 6. Mother's Maiden Name, M. E. Green
 7. Mother's Birthplace, Balto. Md.
 8. Full Name of Father, John W. Packer
 9. Father's Occupation, Labor
 10. Father's Birthplace, Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return, Annie Green
- Address, No. 426 Light St.
- Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April

4. Place of Birth, (Street and Number) No. 726. Madison St.

5. Full Name of Mother, Annie, R. Graf.

6. Mother's Maiden Name, " " Dockenbrock

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Joseph J. Graf.

9. Father's Occupation, Labour.

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie, George

Address, No. 654. Light St.

Remarks,



RETURN OF A BIRTH 86006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 20 1886*

4. Place of Birth, (Street and Number) *12 Dundon alley*

5. Full Name of Mother, *Mary Bradley*

6. Mother's Maiden Name, *Mary Jones*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Bradley*

9. Father's Occupation, *Saborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary Hopkins*

Address, *69 1/2 Washington St*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same as for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

5th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

25 April 1886

4. Place of Birth, (Street and Number)

17 Anster alley

5. Full Name of Mother,

Carrie Goldsman

6. Mother's Maiden Name,

Oppenheimer

7. Mother's Birthplace,

Frankfort Ky

8. Full Name of Father,

Moses Goldsman

9. Father's Occupation,

Glass

10. Father's Birthplace,

Poland Ky

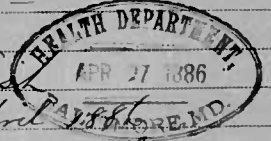
Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs R. L. Higgins

Remarks,

118 Hollander



86008

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *April 20th 1886*

4. Place of Birth, (Street and Number) *N. E. Cor. Alley*

5. Full Name of Mother, *Mary Deen*

6. Mother's Maiden Name, *Mary Deen*

7. Mother's Birthplace, *Leesburgh, Loudoun County, Virginia*

8. Full Name of Father, *Charles Johnson*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Baltimore, Maryland*

Name of Medical Attendant, or other Person who makes this Return *Edward E. MacKenzie M.D.*

Address, *69 Franklin St.*

Remarks, *Not any*



duty of the parent or parents of such child to report as hereinafter provided to the Registrar of the Births, Marriages, and Deaths of the City of Baltimore, and to a line of ten dollars for each failure to be recovered as other fines and penalties are recoverable

Report as to the birth of a child, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth April 20 1886

4. Place of Birth, (Street and Number) 108 Hammond St

5. Full Name of Mother, Magie Louise

6. Mother's Maiden Name, Magie White

7. Mother's Birthplace, Easton Shore

8. Full Name of Father, Jorge Jones

9. Father's Occupation, Labor

10. Father's Birthplace, Easton Shore N.C.

Name of Medical Attendant, or other Person who makes this Return.

Address, 101 York St. Miller Jones

Remarks,



RETURN OF A BIRTH 86010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Dark complexion*

3. Date of Birth, *April 20th 1886*

4. Place of Birth, (Street and Number) *No 358th Paul St*

5. Full Name of Mother, *Annie Holly*

6. Mother's Maiden Name, *Millburn*

7. Mother's Birthplace, *S^t Marys Co. Md*

8. Full Name of Father, *William Holly*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *S^t Marys Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



Report its birth to the Registrar of Vital Statistics, Baltimore City, and to the Registrar of the County of Baltimore, Md. If the birth is not reported, the Registrar of the County of Baltimore, Md. shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

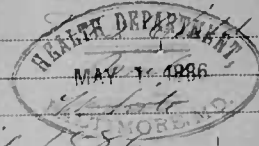
9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 20 of April 1886

No 50 Kellman St.

Mary David

Mary Quinn

Ireland

Thomas David

Labar

Ireland

Mr. Ch. Sauer

No 173 Maryland

Baltimore Md.

1886

of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 20th

4. Place of Birth, (Street and Number) 161 S Register st

5. Full Name of Mother, Anna B Raessel

6. Mother's Maiden Name, " " Tillar

7. Mother's Birthplace, City

8. Full Name of Father, Wm Raessel

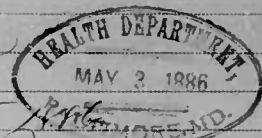
9. Father's Occupation, Fruit Dealer

10. Father's Birthplace, City

11. Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~ &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 20 th 1886

4. Place of Birth, (Street and Number) No. 25 Stockholm St.

5. Full Name of Mother, Louise Schroeder

6. Mother's Maiden Name, Gandlach

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Ernest L. Schroeder

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

11. Name of Medical Attendant, or other Person who makes this Return, Miss Munch.

Address, Leadenhall St.

Remarks,



RETURN OF A BIRTH

86014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 20th 86

98 German St.

Louise Borchardine

China

Baltimore

Geo. Borchardine

Jacob Kaper

Prussia

Wm. Koch

328 F. B. Street

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

For persons who shall have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-13-31
RETURN OF A BIRTH 86015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Charles Wm. Schmidt*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Apr 20th*
4. Place of Birth, (Street and Number) *314 W. Pratt St*
5. Full Name of Mother, *Adelaide Schmidt*
6. Mother's Maiden Name, *de Kaesloop*
7. Mother's Birthplace, *Balts.*
8. Full Name of Father, *John Kaesloop Wm. Schmidt*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Balts.*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Minch*
Address, *#7. Leadenhall & Montgomery str*
Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 20th 1886

4. Place of Birth, (Street and Number) Baltimore City 224 Pacific Court

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Mary Duvala

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Smith

9. Father's Occupation, Brick Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. Shaffer

Address, 135 Ridgely St

Remarks,



RETURN OF A BIRTH ⁸⁶⁰¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Boy*

Race or Color, (if not of the white race) *White*

Date of Birth, *20 April*

Place of Birth, (Street and Number) *341 Bond Street*

Full Name of Mother, *Anna Wekwert*

Mother's Maiden Name, *Makowiczky*

Mother's Birthplace, *Barcin Germany*

Full Name of Father, *Vicenty Makowiczky*

Father's Occupation, *—*

Father's Birthplace, *Wongrowice*

Name of Medical Attendant, or other Person who makes this Return *Marie Guttner*

Address, *245 S. Wolfe Street*

Remarks, *Le St. Ephremus Ligutti April 25, 86
Felix Broski, 415 S Bond St*



within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

of persons who still breathe full to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 20

Apr 3 1886

4. Place of Birth, (Street and Number)

Maternity

5. Full Name of Mother,

Mary Fitzpatrick

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

David Dever M.D.

Address,

Maternity

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 20 '86.

4. Place of Birth, (Street and Number) Maternity

5. Full Name of Mother, Kora Biggs

6. Mother's Maiden Name, do

7. Mother's Birthplace, Mo.

8. Full Name of Father, _____

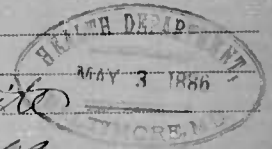
9. Father's Occupation, _____

10. Father's Birthplace, _____

● Name of Medical Attendant, or other Person who makes this Return. D. Davis M.D.

Address, Maternity

Remarks, _____



RETURN OF A BIRTH. ⁸⁶⁰²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *April 20th 1886*

4. Place of Birth, (Street and Number) *#126 Front St.*

5. Full Name of Mother, *Mary Sickey*

6. Mother's Maiden Name, *Clark*

7. Mother's Birthplace, *Chicago*

8. Full Name of Father, *Frank Sickey*

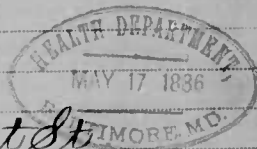
9. Father's Occupation, *Travelling Agent*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Genl. H. Legerist*

Address, *#182 O. Monument St.*

Remarks,



report the birth to the Commissioners of Health, in the manner and within the time specified in this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20th 1886

4. Place of Birth, (Street and Number) 141 N. Central av.

5. Full Name of Mother, Larah Holt

6. Mother's Maiden Name, Larah Dorsey

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank Holt

9. Father's Occupation, Pottery

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. B. W.

Address, 185 I.E. or Central av. & Monument St.

Remarks, All Well

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation.



April 20/86

Castle St

Susie Keene

John

Baltimore

John Keene

Laborer

comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each and every violation thereof.

Person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *Slap 22*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 20/86
Castle St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Susie Keene

6. Mother's Maiden Name,

Sus

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Keene

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

142 S. Washington St

Remarks,

RETURN OF A BIRTH.

86023

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *21st April 1886*

4. Place of Birth (Street and Number) *100 Scott St*

5. Full Name of Mother *Annie E. Montgomery*

6. Mother's Maiden Name *" " Liddle*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Mr. Montgomery*

9. Father's Occupation *Laborn*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *A. W. Wood*

Address *111 Hanover St*

Remarks

RETURN OF A BIRTH.

86024

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

April 21st 1886

109 N. Ann St

Clara Appleby

Clara Bowie

Baltimore

Saml. C.

Reporter

Baltimore

Wm N. Hill M.D.

196 E. Baltimore St



RETURN OF A BIRTH 86025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

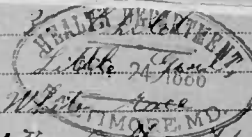
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Born 21st of April 1886

No. 15 Dover st city

Mrs. Lizzie Ellicher

Miss " Beck

Born Baltimore

Mr John Ellicher

Labourer

Born Baltimore

Mrs. Hiller

1017 west Pratt st

For each offense to be recovered as other laws and ordinances are recoverable.

report the birth to the Commissioner of the Department of Health, in the manner prescribed by the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 86026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth April 21st 1886

4. Place of Birth, (Street and Number) No 81 N Chester St

5. Full Name of Mother, Elizabeth Dressell

6. Mother's Maiden Name, Röhner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Dressell

9. Father's Occupation, Dry Goods Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. Ridgway Andre' M.D.

Address, 121 E Baltimore St

Remarks, _____



RETURN OF A BIRTH. ⁸⁶⁰²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth

April 21 - 1886

4. Place of Birth, (Street and Number)

211 E. Lombert St.

5. Full Name of Mother,

Caroline Bauer

6. Mother's Maiden Name,

Friedrich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Geo. Bauer

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

151 E. Pratt St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

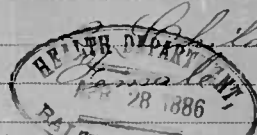
9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 28 1886

46 Cross st.

Mathilde Widick

Muelke

Germany

Henry Willick

Store-keeper

Germany

J. Schwasser, Midwife

330 Hanover st

RETURN OF A BIRTH ⁸⁶⁰²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{ed}*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21st 1886

4. Place of Birth, (Street and Number)

379 N. Gay St

5. Full Name of Mother,

Mary Wülker

6. Mother's Maiden Name,

Mary Wraeder

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Earnest Wraeder

9. Father's Occupation,

Tailor

10. Father's Birthplace,

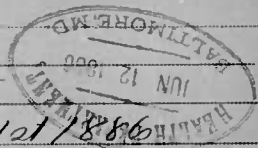
Germany

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butz

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 27

4. Place of Birth, (Street and Number) 232 S Ann St

5. Full Name of Mother, Anna Hoffmair

6. Mother's Maiden Name, Peter

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hoffmair

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,



of persons who are born, married, or die, and for each offense to be recovered, as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21 of April

4. Place of Birth, (Street and Number) Baltimore 254 S. Sharp St

5. Full Name of Mother, Pauline Kannenschwischer

6. Mother's Maiden Name, Pauline Vogel

7. Mother's Birthplace, Washington

8. Full Name of Father, Alexander Kannenschwischer

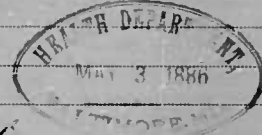
9. Father's Occupation, House-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Minch

Address, 1 Leadenhall St.

Remarks,



RETURN OF A BIRTH 86032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st April

4. Place of Birth, (Street and Number) 71 Grindall St. Baltimore

5. Full Name of Mother, Caroline Roeder

6. Mother's Maiden Name, Caroline Kœchlein

7. Mother's Birthplace, in Baltimore

8. Full Name of Father, Geo. Roeder

9. Father's Occupation, Laborer

10. Father's Birthplace, in Baltimore

Name of Medical Attendant, or other Person who makes this Return, Miss Munch

Address, 1 Leadenhall St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the same penalties as are provided for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color; (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

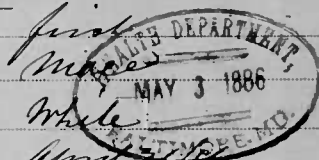
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



first
Minna
White
April 24/86
314 Hancock St

Minna

Brock

Germany

Charles Fischer

Cabinetmaker

Germany

Dr. H. Smith

201 Charles St

within the period above specified, caused by the death of the father and mother of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 86034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 21. 86

4. Place of Birth, (Street and Number) 45 West. st

5. Full Name of Mother, Sarah. Krook

6. Mother's Maiden Name, Moskene

7. Mother's Birthplace, Dorchester

8. Full Name of Father, Richard B. Krook

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mess Anna Nash

Address,

Remarks,



or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH *86035*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21 April 1886*

4. Place of Birth, (Street and Number) *No. 6 Patterson Park Ave.*

5. Full Name of Mother, *Kette C. Weitzel*

6. Mother's Maiden Name, *Kartzel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William F. Weitzel*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Wiley*

Address, *12 Patterson Park Ave.*

Remarks,



be in attendance upon the mother, immediately after the birth of the child, and report its birth to the Commissioner of Health in the manner and within the time prescribed in this section, and any person who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of \$100 (100 dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

be its name and place upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 12 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Apr 21 of April 1886*

4. Place of Birth, (Street and Number) *No 366 Hayford Ave*

5. Full Name of Mother, *Anna Norman*

6. Mother's Maiden Name, *Anna Norman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Norman*

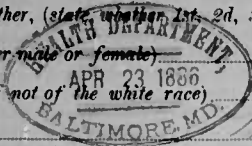
9. Father's Occupation, *House Painter*

10. Father's Birthplace, *Charles County*

Name of Medical Attendant, or other Person who makes this Return, *Mrs G. H. Smith*

Address, *No 173 Hayford Ave*

Remarks, *Baltimore Md.*



Report the birth to the Commissioner of Health, in the manner provided in the regulations. If the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recorded as other than a birth and for failure to recoverable.

RETURN OF A BIRTH

86037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex, (state whether male or female) *Female child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21 April 1886*
4. Place of Birth, (Street and Number) *37 Helma place Balto Md*
5. Full Name of Mother, *Mary Lemmerman*
6. Mother's Maiden Name, *Mary Apuy*
7. Mother's Birthplace, *Balto Md*
8. Full Name of Father, *John Lemmerman*
9. Father's Occupation, *Toolsharper*
10. Father's Birthplace, *Balto Md*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Sommer*
- Address, *90 North Charles St*
- Remarks,

RETURN OF A BIRTH 86038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd April

4. Place of Birth, (Street and Number) 183 N. Caroline

5. Full Name of Mother, Gertrude Elizabeth Dornmann

6. Mother's Maiden Name, Gertrude Elizabeth Doring

7. Mother's Birthplace, Weimar near Cassel, Prussia, Germany

8. Full Name of Father, Hans William August Dornmann

9. Father's Occupation, Organist and Music Teacher

10. Father's Birthplace, Cassel, Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Groom

Address, 466 N. Gay St Baltimore

Remarks,



RETURN OF A BIRTH ⁸⁶⁰³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 26th 1888. 5:35 PM*

4. Place of Birth, (Street and Number) *1 Canal. Balto. City*

5. Full Name of Mother, *Eliza Maria Quinn*

6. Mother's Maiden Name, *E. M. Doyle*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Francis Patrick Quinn*

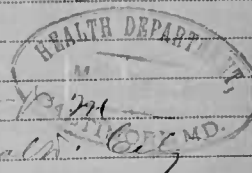
9. Father's Occupation, *Shoe Cleaner*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return, *James C. Driscoll M.D.*

Address, *297 E. Balto. St.*

Remarks,



Birth of child must be reported to the Registrar of Vital Statistics, Baltimore City, within the time specified in the following table, and any such person who fails to do so shall be subject to the fine of ten (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

86048

the duty of the parent or parents of such child to report his birth to the board of health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 22^d 1886.

4. Place of Birth: (Street and Number) 14 Harmon Lane

5. Full Name of Mother, Caroline Silmeyer

6. Mother's Maiden Name, Caroline Holliman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hlusky

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address: 69 Franklin St.

Remarks, *Not any*—



When the birth is to the Commissioner of Health, in the manner and to the effect herein provided, the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

86041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 22 1886

4. Place of Birth, (Street and Number) 107 Johnson St

5. Full Name of Mother, Mary Tyler

6. Mother's Maiden Name, Mary Lee

7. Mother's Birthplace, Ireland

8. Full Name of Father, Samuel Tyler

9. Father's Occupation, Brickmaker

10. Father's Birthplace, Fredrick City Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Nash

Address, _____

Remarks, _____



RETURN OF A BIRTH ⁸⁶⁰⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

April the 22

4. Place of Birth, (Street and Number)

Baltimore Charles St. No 532

5. Full Name of Mother,

Laura V. Kirby

6. Mother's Maiden Name,

Megahan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William H. Kirby

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hathorn

Address,

Light St. No 532

Remarks,

be in attendance upon the birth, in the manner and within the period above required, and any failure to do so, or any neglect to report the birth to the Registrar, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 22 1886

4. Place of Birth, (Street and Number) Cor. Monument & Washington St.

5. Full Name of Mother, Mary Elizabeth Ayd

6. Mother's Maiden Name, Knicker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Ayd

9. Father's Occupation, Physician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris

Address, 5 Franklin St.

Remarks,



be in attendance upon the mother, immediately thereafter, and shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22nd Apr 1886*

4. Place of Birth, (Street and Number) *115 N Street str*

5. Full Name of Mother, *Annie Keiser*

6. Mother's Maiden Name, *Scharf*

7. Mother's Birthplace, *Albert Keiser*

8. Full Name of Father, *Sailor*

9. Father's Occupation, *Germany Birthplace*

10. Father's Birthplace, *of Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, *Mrs R. W. Higgin*



report its birth to the Commissioner of Health, in the manner provided in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

86045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 22

4. Place of Birth, (Street and Number) Pearl St. No 113

5. Full Name of Mother, Louisa Ann Cooper

6. Mother's Maiden Name, Louisa Ann Bailey

7. Mother's Birthplace, Talbot County

8. Full Name of Father, Charles Bailey Cooper

9. Father's Occupation, Farmer

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other Person who makes this Return.

Address, Melia Bassett

Remarks, 277 E. Eutaw St.



Report the birth in this form to the Registrar of Vital Statistics, Baltimore City, for each office to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of *Mother*, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 22nd 1886*

4. Place of Birth, (Street and Number) *No 314 Dallas St*

5. Full Name of Mother, *Mary Kanner*

6. Mother's Maiden Name, *Mary Wolf*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Peter Kanner*

9. Father's Occupation, *Lab. Master*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. L. Lauer*

Address, *No 173 Kuylen & Alley*

Remarks, *Pat Med.*

1886

For each offense to be reported in other than the manner and within the time herein required, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be subjected to the fine of ten (10) dollars.

report his birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, and all be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 April 1886

4. Place of Birth, (Street and Number) Hunt St below Birmingham St

5. Full Name of Mother, Mami Schekels

6. Mother's Maiden Name, Waters

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Flecken Schekels

9. Father's Occupation, Fisherman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Jewell

Address, 68 Hunt Ave

Remarks,

RETURN OF A BIRTH 86848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 22 1886

4. Place of Birth, (Street and Number)

195 Eastlyn St.

5. Full Name of Mother,

Marie Henry

6. Mother's Maiden Name,

Kosner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Henry

9. Father's Occupation,

Straker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary Stein

Address,

131 E. Pratt St.

Remarks,

Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH

86049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Apr 22, 86
Malernite
Clara Rollison
Clara Wendannid
Del
Cornelius Rollison
Farmer
Maryland
J Davis M.D.
Malernite

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 22 1886

4. Place of Birth, (Street and Number)

55 S. Durham St.

5. Full Name of Mother,

Millie McKers

6. Mother's Maiden Name,

Millie Lockins

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William H. McKers

9. Father's Occupation,

Labor

10. Father's Birthplace,

Annamard

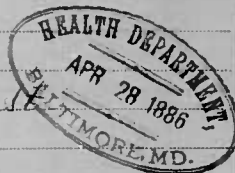
Name of Medical Attendant, or other Person who makes this Return.

Susan Morgan

Address,

47 S. Durham St

Remarks,



in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of whom a report is made to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 22 1886

4. Place of Birth, (Street and Number)

201 N. Castle

5. Full Name of Mother,

Sarah E. Griston

6. Mother's Maiden Name,

Sarah E. Griston

7. Mother's Birthplace,

Baltimore City, Md

8. Full Name of Father,

Thomas E. Griston

9. Father's Occupation,

Salter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan Morgan

Address,

147 N. E. Baltimore St

Remarks,

Stillborn Not Married



regard its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of a (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5. Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12th April

4. Place of Birth, (Street and Number)

1013rd Ave. No. 14.

5. Full Name of Mother,

Annie Beer

6. Mother's Maiden Name,

Beufmann

7. Mother's Birthplace,

St. Louis Co.

8. Full Name of Father,

James Beer

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address,

12 Patterson Park Ave.

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁵⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 22, 1886

4. Place of Birth, (Street and Number) 24 1/2 Camden St

5. Full Name of Mother, Sarah Alexander

6. Mother's Maiden Name, do

7. Mother's Birthplace, Va

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. D. Davis M.D.

Address, Maternity

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 22 86

4. Place of Birth, (Street and Number)

Maternity

5. Full Name of Mother,

Lily Nolan

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

Penn

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D. Davis M.D.

Address,

Maternity

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 22^d 12.40 P.M.

4. Place of Birth (Street and Number)

298 W. Lombard St.

5. Full Name of Mother

Florence W. Webner

6. Mother's Maiden Name

Jenkins

7. Mother's Birthplace

Balto. Co. Md.

8. Full Name of Father

Henry W. Webner M.D.

9. Father's Occupation

Physician

10. Father's Birthplace

Dauphin Co. Penna.

Name of Medical Attendant, or other Person who makes this Return.

H. W. Webner M.D.

Address

298 W. Lombard St.

Remarks



report its birth to the Commissioner of Health, in the manner and within the period now required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶⁰⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ^{1st} 1st

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *April 22nd 1886*

4. Place of Birth, (Street and Number) *#446 Eager St.*

5. Full Name of Mother, *Sidney Ann Prince.*

6. Mother's Maiden Name, *M^{rs} Comas.*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Wm. Prince.*

9. Father's Occupation, *Architect.*

10. Father's Birthplace *Elkridge Landing Md.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ben. A. Hillegeist*

Address, *#120 Monument St.*

Remarks,



RETURN OF A BIRTH 86058

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

negro

3. Date of Birth,

April 12th

4. Place of Birth, (Street and Number)

No 116 Bruce St

5. Full Name of Mother,

Mrs B. Bowie

6. Mother's Maiden Name,

Mrs A Black

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bess Bowie

9. Father's Occupation,

rod. carrier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Wm. Black

Address,

53. Carroll St

Remarks,

Healthy

RETURN OF A BIRTH ⁸⁶⁰⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 22 to April

4. Place of Birth, (Street and Number) 293 Light St.

5. Full Name of Mother, Rachel Rosencovich

6. Mother's Maiden Name, Rachel Morcovich

7. Mother's Birthplace, Russia

8. Full Name of Father, Levy Rosencovich

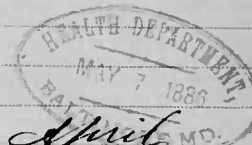
9. Father's Occupation, Builder

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Address, 84 Sharp St.

Remarks,



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH.

86023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *21st April 1886*

4. Place of Birth (Street and Number) *100 Scott St*

5. Full Name of Mother *Annie E. Montgomery*

6. Mother's Maiden Name *" " Ledley*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Mr Montgomery*

9. Father's Occupation *Labrer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *A. W. Dodge*

Address *111 Hanover St*

Remarks

RETURN OF A BIRTH. *86060*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

22nd April 1884

4. Place of Birth, (Street and Number)

36 Holland St.

5. Full Name of Mother,

Mrs. Anna E. White

6. Mother's Maiden Name,

Miss M. C. Lane

7. Mother's Birthplace,

Dublin Co. Ireland

8. Full Name of Father,

Robert White

9. Father's Occupation,

Clothing Cutter

10. Father's Birthplace,

Laurel Hill Scotland

Name of Medical Attendant, or other Person who makes this Return.

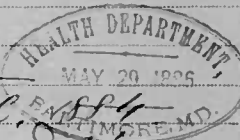
G. G. Runk M. D.

Address,

392 E. Balt. St.

Remarks,

Natural Delivery



Report its birth, as the Registrar of Vital Statistics, Baltimore City, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*



1. Sex, (state whether male ~~or~~ female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April the 23. 1886*

4. Place of Birth, (Street and Number) *Mc Elery St. No. 43.*

5. Full Name of Mother, *Kashe. Hammann*

6. Mother's Maiden Name, *Kashe. Bockley*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Georg Hammann*

9. Father's Occupation, *Boots maker*

10. Father's Birthplace, *Friedlingen. R. Preussen. Germany*

Name of Medical Attendant, or other Person who makes the Return *Mary E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

16062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

23d April 1886

4. Place of Birth (Street and Number)

285-28th St

5. Full Name of Mother

Ida Anderson

6. Mother's Maiden Name

" Ellis

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Wm. O. Anderson

9. Father's Occupation

Clark

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. W. Boyce

Address

110 9th Avenue St

Remarks

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 86063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 23rd 1886

4. Place of Birth, (Street and Number) No 380 Hanover st.

5. Full Name of Mother, Sarah Blackburn

6. Mother's Maiden Name, Sarah Beverly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sam Blackburn

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Catherine Horning

Address, No 18 Byrd st

Remarks,



report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or person acting for him or her who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

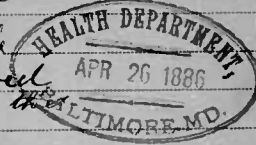
of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 in (12) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 23rd
4. Place of Birth, (Street and Number) 19 Cedar Row
5. Full Name of Mother, Cornelia Simms
6. Mother's Maiden Name, Thomas
7. Mother's Birthplace, Eastern Shore of D
8. Full Name of Father, William Simms
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City
Name of Medical Attendant, or other Person who makes this Return, Edna Johnson
Address, 94 Tyson street
Remarks,



RETURN OF A BIRTH *8665*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

23rd April 1886

4. Place of Birth, (Street and Number)

64 W. 11th St.

5. Full Name of Mother,

Minnie Mc Gee

6. Mother's Maiden Name,

Reppert

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Wm Mc Gee

9. Father's Occupation,

Sail maker

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return,

J. W. Webster

Address,

101 Barnes St

Remarks,



Subject this Return to the Commissioner of Health, or person who shall hereafter act to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are provable.

RETURN OF A BIRTH

86066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



23rd of April

130 Granby St.

Sarah Edward

Madge

Baltimore

Alfred Edward

Laborer

Baltimore

Sarah Cooper

72 W. Lombard St.

RETURN OF A BIRTH

86067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 23rd 1886

4. Place of Birth, (Street and Number)

No. 29 Jordan Alley

5. Full Name of Mother,

Annie Adlerson

6. Mother's Maiden Name,

East Va

7. Mother's Birthplace,

8. Full Name of Father,

John Furgurson

9. Father's Occupation,

Coach man

10. Father's Birthplace,

East Va

Name of Medical Attendant, or other Person who makes this Return.

Lucy Cornish

Address,

130 Jordan Alley

Remarks,

In accordance with the Act, approved March 1, 1886, every person who reports the birth of a child to the Registrar of Vital Statistics, and any such person who reports the death of a child to the Registrar of Vital Statistics, shall be subject to the fine of ten dollars for each offense to be recovered as other laws and regulations are made.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

86068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

April 23rd 1886

4. Place of Birth, (Street and Number)

No 151 South Park St Baltimore

5. Full Name of Mother.

Agusta Braske

6. Mother's Maiden Name.

Agusta Metzger

7. Mother's Birthplace.

Germany

8. Full Name of Father.

Henry Braske

9. Father's Occupation.

Blank Smith

10. Father's Birthplace.

Germany

Name of Medical Attendant,

or other Person who makes this Return

Miss Mary Ann Downing

Address,

No 48 South Park St Baltimore

Remarks.

Mother and Child are well



RETURN OF A BIRTH. 86069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 21, 1886

4. Place of Birth, (Street and Number)

194 S. Howard St

5. Full Name of Mother,

Mato Smith

6. Mother's Maiden Name,

Mato Smith

7. Mother's Birthplace,

Washington court

8. Full Name of Father,

thomas hipaley

9. Father's Occupation,

rag-merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Scholastic Williams

Address,

164 S. Howard St

Remarks,

five dollars

report its birth in the manner and within the time herein prescribed, and if it fails to do so, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 86070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth April 23. 1886

4. Place of Birth, (Street and Number) 47 burgundays alley

5. Full Name of Mother, Maggie Taylor

6. Mother's Maiden Name, Maggie giddins

7. Mother's Birthplace, eastern shore Va

8. Full Name of Father, frank Taylor

9. Father's Occupation, Sailor

10. Father's Birthplace, eastern shore Va

Name of Medical Attendant, or other Person who makes this Return. Scholotto Williams

Address, 164 W. Howard St

Remarks, five dollars



report the birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April the 23. 1886.*

4. Place of Birth, (Street and Number) *E. Fayette St. No. 362.*

5. Full Name of Mother, *Lophia Starklauf*

6. Mother's Maiden Name, *Lophia Miller*

7. Mother's Birthplace, *Balt^y City*

8. Full Name of Father, *John B. Starklauf*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Balt^y City*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,



Report the birth of every child, and the death of every person, who shall hereafter fall to comply with the provisions of this section, as it shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth, to the Registrar of Vital Statistics, Board of Health, Baltimore City, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 23rd 1886*

4. Place of Birth, (Street and Number) *W. Sharpe St.*

5. Full Name of Mother, *Adeline Smith*

6. Mother's Maiden Name, *" L. O'Neill*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harry H. Schwartz*

9. Father's Occupation, *Salmon*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return, *Madame Cecilia M. G.*

Address, *116th Howard St. Room 23*

Remarks,



RETURN OF A BIRTH ⁸⁶⁰⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23 April*

4. Place of Birth, (Street and Number) *949 Bore st*

5. Full Name of Mother, *Mrs. Katie M. Foster*

6. Mother's Maiden Name, *Katie M. Parth*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John S. Foster*

9. Father's Occupation, *Broom Maker*

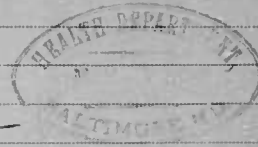
10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sumner.

Address, *60 North Schroder st*

Remarks,



For each offense to be recovered as other lines and marks are recorded.

Report the birth to the Commissioner of the Department of Health, or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23 April 1888

4. Place of Birth, (Street and Number) 17 Broadway

5. Full Name of Mother, Barbara Mihm

6. Mother's Maiden Name, Barbara Mauphant

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Mihm

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Geo C. Messinger

Address, 123 Mosher Lane

Remarks,



RETURN OF A BIRTH 86075

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 23 1886 Thursday

4. Place of Birth, (Street and Number)

China st. 43 Baltimore

5. Full Name of Mother,

Rebecca Gibbs

6. Mother's Maiden Name,

R. Sams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Gibbs

9. Father's Occupation,

Oyster Shucker

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Ann Brown

Address,

47 China street

Remarks.

RETURN OF A BIRTH ⁸⁶⁰⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3. 3rd Child*

Sex, (state whether ~~male or female~~)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *April the 24. 1886.*

4. Place of Birth, (Street and Number) *L. Eden St. No 178.*

5. Full Name of Mother. *Margharine Holland*

6. Mother's Maiden Name, *Margharine Hammel*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Richard Holland*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Dublin Co. Gr. Brit^o Europe*

Name of Medical Attendant, or other Person who makes this return. *Mary E. Miller*

Address, *N. Dallas St. No 26*

Remarks,



subject, or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April the 24, 1886*

4. Place of Birth, (Street and Number) *N. Dallas St. No. 21.*

5. Full Name of Mother, *Lizzie Hinckelmann*

6. Mother's Maiden Name, *Lizzie Willich*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Franz Hinckelmann*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No. 21*

Remarks,



report his name to the Registrar of Vital Statistics, Baltimore City, and if he fails to do so, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

86078

804

male

White - male

White,

April 24th

8-3 Columbia

Christiana Pfeffer

Christina E. Nord

Galton

Aug 28th 1864

Cabinet Maker

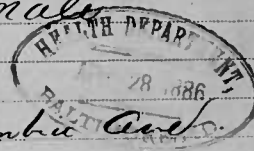
Germany - 1933

Mrs. Plesner

24 Columbia Ave

.....

440. City Printers and Stationers



report the birth to the Commissioner of Health, in the manner and in the time specified in this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be considered as guilty of a misdemeanor, and for failure are punishable.

RETURN OF A BIRTH ⁸⁶⁰⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Rachel Cohen*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April the 24/86*

4. Place of Birth, (Street and Number) *22 Fremont av.*

5. Full Name of Mother, *Fanny Cohen*

6. Mother's Maiden Name, *Wolf*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Levy Cohen*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *E. Scherman*

Address, *St. Bernard st n 26.*

Remarks,



RETURN OF A BIRTH ⁸⁶⁰⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, April, 24th, 1886

4. Place of Birth, (Street and Number) 231 Lee St.

5. Full Name of Mother, Emma L. Stephens.

6. Mother's Maiden Name, " Schutte.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Geo. W. Stephens.

9. Father's Occupation, Engineer.

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return, R. J. N. Tall. M.D.

Address, 162 Sharp St.

Remarks,

86081

Report on birth to the Commissioner of Health, and if person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

female

24
HEALTH DEPARTMENT,
White 1886
BALTIMORE, MD.
896

April 24th 1886

April 24th 1886

117 Muller's Thr

Lucie Miller

House

Letter - Mr

29. *Willis*

George Hall

.....
.....

Mrs. R. Pulley

US Navy

Remarks,

report its birth to the Commissioner of the Department of Health, and if it fails to do so, it shall be liable to a fine of ten dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

247

3. Date of Birth,

131

4. Place of Birth, (Street and Number)

Jefferson St
Elihu Ludloff

5. Full Name of Mother,

White

6. Mother's Maiden Name,

Chas Ludloff

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

Ballw MS

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rulwig

Address,

Remarks,

48 Hollaurock

Report the birth to the Commissioner of Health, or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Miss

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

female

3. Date of Birth,

11th 2nd apr 1886

4. Place of Birth, (Street and Number)

39 Forrest str

5. Full Name of Mother,

Kate Rode

6. Mother's Maiden Name,

Lamp

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Rode

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. G.

Address,

118 Hoptown Ch

Remarks,

RETURN OF A BIRTH ⁸⁶⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d Child

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

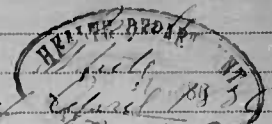
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. _____

Address, _____

Remarks, _____



The 24 of April 1886
No 194 Market Street
Ella C. Mc Nally
Ella C. Nathan
Baltimore
Joseph Henry Mc Nally
Builder
Baltimore
Mrs. J. Lauer
No 173 Howard Street
Baltimore

Med. 1886

report the birth to the Commissioner of Health, and to the Registrar of Vital Statistics, within the time specified in the provisions of this section. Failure to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{860 85}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *24 April*

4. Place of Birth, (Street and Number) *226 Preston St Balto Md*

5. Full Name of Mother, *Mrs Sophia Grump*

6. Mother's Maiden Name, *Mrs Sophia Coats*

7. Mother's Birthplace, *Goldbert County Md*

8. Full Name of Father, *Mr Shirk Grump*

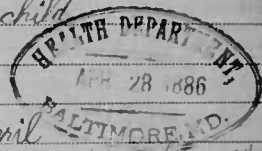
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Coludo Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Gullish Cook*

Address, *1274 Presal St Balto Md*

Remarks,



For each offence to be recovered as other fine and forfeitures are recoverable, shall be subjected to the fine of ten (10) dollars

RETURN OF A BIRTH.

86086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Christie*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth *April 24, 1886*

4. Place of Birth, (Street and Number) *314 McClellan St.*

5. Full Name of Mother, *Margaret E. Hamilton*

6. Mother's Maiden Name, *J. Hamilton*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *John M. Hamilton*

9. Father's Occupation, *Book Binder*

10. Father's Birthplace, *Massachusetts*

Name of Medical Attendant, or other Person who makes this Return. *John A. Hamilton*

Address, *256 McClellan St.*

Remarks,

RETURN OF A BIRTH ⁸⁶⁰⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 24th 1886

4. Place of Birth, (Street and Number)

174 Dallis St.

5. Full Name of Mother,

Lewis Proch

6. Mother's Maiden Name,

Lewis Vogle

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Chas Proch

9. Father's Occupation,

Tanner

10. Father's Birthplace,

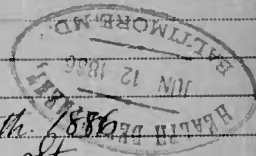
Germany

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address, *185 S.E. cor Central av & Monument St.*

Remarks, *All Well*



report the birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to be fined in a sum not exceeding \$100, or imprisoned for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the time hereinafter prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 24 1886

4. Place of Birth, (Street and Number) Waterman

5. Full Name of Mother, Maggie Miller

6. Mother's Maiden Name, Maggie Thompson

7. Mother's Birthplace, MD

8. Full Name of Father, Robert Miller

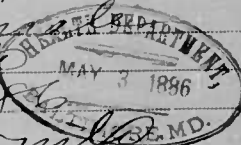
9. Father's Occupation, R. R. Hand

10. Father's Birthplace, Balto MD

Name of Medical Attendant, or other Person who makes this Return. David Constable MD

Address, Waterman

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 24 1886

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Francis Jones

6. Mother's Maiden Name, Mo.

7. Mother's Birthplace, Mo.

8. Full Name of Father, Mo.

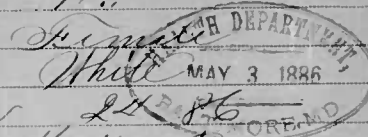
9. Father's Occupation, Mo.

10. Father's Birthplace, Mo.

Name of Medical Attendant, or other Person who makes this Return, D Davis M.D.

Address, Maternite

Remarks, Mo.



RETURN OF A BIRTH ⁸⁶⁰⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH ⁸⁶⁰⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 24 1886

4. Place of Birth, (Street and Number)

124 William St

5. Full Name of Mother,

Mary E. Jones

6. Mother's Maiden Name,

Mary E. Mills

7. Mother's Birthplace,

Ma

8. Full Name of Father,

Jeremiah Jones

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Ma

Name of Medical Attendant, or other Person who makes this Return.

W. B. Noble, M.D.

Address,

38 Warren St

Remarks,

report in birth to the Commissioner of Health, in the manner and within the period above required, and for each offense to be received as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

86092



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male.
2. Race or Color (if not of the white race)
3. Date of Birth 25th April 1886
4. Place of Birth (Street and Number) 86 N. Chester
5. Full Name of Mother Annie C. Smart
6. Mother's Maiden Name " Hooks
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mr. Harry Smart
9. Father's Occupation Merchant
10. Father's Birthplace North Carolina
Name of Medical Attendant, or other Person who makes this Return. A. M. Dodge
Address 118 Hanover St
Remarks 7 months pregnancy - both male
and now living.

born, its or their physical condition, whether the child was born at full term, and the maiden name of the mother of such child or children of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 86093

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Female*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *April 25 1886*
4. Place of Birth (Street and Number) *110 N. Biddee Str*
5. Full Name of Mother *Mary Ellen Brown*
6. Mother's Maiden Name *Mary Hariday*
7. Mother's Birthplace *Balt Md*
8. Full Name of Father *Isaac Brown*
9. Father's Occupation *Wagonman*
10. Father's Birthplace *Balt Md*
Name of Medical Attendant, or other Person who makes this Return.
Address *Mrs Sophie Johnson 92 St Paul St*
Remarks



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 25 of April

4. Place of Birth, (Street and Number)

No 123 Madison Street

5. Full Name of Mother,

Brigat Hall

6. Mother's Maiden Name,

Brigat Malone

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Hall

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Lauer

Address,

No 173 Bayford Cres

Remarks,

Baltimore

Oct 18 86

RETURN OF A BIRTH ⁸⁶⁰⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 25th 1886

4. Place of Birth, (Street and Number)

224 Chase St.

5. Full Name of Mother,

Lizzie Fetch

6. Mother's Maiden Name,

Engelhardt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Fetch

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

M. J. Bull

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

Report as birth to the Commissioner of Health, of the mother and father, and of the child, shall be subject to the fine of \$100 dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁰⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25th 1886

4. Place of Birth, (Street and Number) No 2 Fall St.

5. Full Name of Mother, Mary Murrie

6. Mother's Maiden Name, Mary Hackett

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, James Murrie

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. Burt

Address, No 185 S.E. cor Central av. & Monument St.

Remarks, A.C. Will

Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



3rd Child.

Female Child

White Child.

25th April

No. 16. Cook River Str.

Anna Jackson

Anna Toole

Lock Single

Andrew Jackson

Builder.

Baltimore City

Lizzie Schaeffer

Hall St. & 3d Street

Print

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

36099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 25 - 1886.

4. Place of Birth, (Street and Number)

304 Hanover st.

5. Full Name of Mother,

Louise Cramer.

6. Mother's Maiden Name,

Engel.

7. Mother's Birthplace,

America

8. Full Name of Father,

John Cramer.

9. Father's Occupation,

Barber.

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lohwasser Midwife

Address,

330 Hanover st.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 2, 1886*

4. Place of Birth, (Street and Number) *388 West 1st St.*

5. Full Name of Mother, *Margarette Meier*

6. Mother's Maiden Name, *Beierlein*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Hermann Meier*

9. Father's Occupation, *Brick-moulder*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return. *J. Lohwasser, Midwife*

Address, *1330 Emerson St.*

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 86101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr. 25

MAY 9 1926

4. Place of Birth, (Street and Number)

101 N. Fremont St.

5. Full Name of Mother,

Rose M. Sullivan

6. Mother's Maiden Name,

" " Cart.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. H. Sullivan

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

179 N. Howard St.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

86102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~) _____

1. Sex (~~state whether Male or Female~~) _____

2. Race or Color (~~if not of the white race~~) _____

3. Date of Birth April 25th 1886

4. Place of Birth (Street and Number) 127 W Biddle

5. Full Name of Mother Elizabeth T. Black

6. Mother's Maiden Name Rolph

7. Mother's Birthplace Doucan Ann's Co. Mex

8. Full Name of Father Samuel F. A. Black

9. Father's Occupation Expr. Messenger B & O RR

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elias C. Price M.D.

Address 262 Madison Ave

Remarks _____

RETURN OF A BIRTH ⁸⁶¹⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Frederick Glasgow
Frederick Thomas
Baltimore
John Glasgow
Labor
Baltimore

Lucinda Wofford
130 Registrar St

be in attendance upon the mother, immediately thereafter it shall be the duty of the person so present to report its birth to the Commissioner of Health, in the manner and within the period and subject to the provisions of the Act in that behalf made, and shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

Report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 25th 1888*

4. Place of Birth, (Street and Number) *196 Thair St*

5. Full Name of Mother, *Francis S. McGuire*

6. Mother's Maiden Name, *" " Mary*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry McGuire*

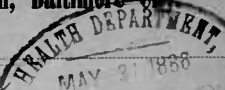
9. Father's Occupation, *Sail Maker*

10. Father's Birthplace, *of Charleston S.C.*

Name of Medical Attendant, or other Person who makes this Return, *Wardlaw Cooke M.D.*

Address, *146 Pennsylvania St*

Remarks,



RETURN OF A BIRTH. 86106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 26th 1886

4. Place of Birth, (Street and Number) No 5 Reinhardt st.

5. Full Name of Mother, Anna Sauer

6. Mother's Maiden Name, Anna Minkel

7. Mother's Birthplace, Germany

8. Full Name of Father, Justus Sauer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine Hermann

Address, No 18 Bayrd st

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child.*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26th of April*

4. Place of Birth, (Street and Number) *724 East Urban Street*

5. Full Name of Mother, *Katie Walter*

6. Mother's Maiden Name, *Katie Haywood*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Haywood*

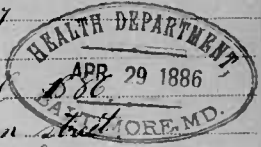
9. Father's Occupation, *Bridglayer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *11 North Chapel St. per Justina Kunkel*

Remarks, *Healthy*



RETURN OF A BIRTH ⁸⁶¹⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{6th}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 26th

4. Place of Birth, (Street and Number)

228 Milton Place

5. Full Name of Mother,

Anna Lohmeyer

6. Mother's Maiden Name,

Anna Boehr

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adolph Lohmeyer

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Susan Shuster

Address,

21 N. Poppleton St.

Remarks,



report his birth to the Commissioner of Health, in the manner and within the time above required, or if he fails to do so, he shall be subject to the fine of \$10.00, or if he fails to do so, he shall be subject to the fine of \$10.00, or if he fails to do so, he shall be subject to the fine of \$10.00.

should no other person, as an authorized person, for the purpose of reporting the birth of a child, in the manner and daily of the period above required, except in the case of the births and deaths of illegitimate children, and only person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH¹⁸⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

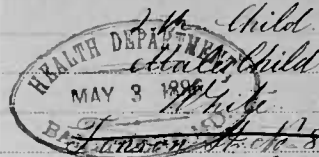
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



2nd Child.
Male Child.
White.
26th April
Jonson St. No. 8.
Deronika Graem
Deronika Schlabfeldt.
alt Prussia
John Graem
Gartner
Germanys
Lizzy Schupploe
S. Hall St. 31. Lower
Point

RETURN OF A BIRTH ⁸⁶¹¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 26 - 1886

40 Patapsico st.

Margarette Haake.

Gang.

America.

John Haake.

Plaster.

Germany.

J. Schwaeser Midwife.

380 Hanover st.

Report the birth to the Commissioner of Health, in his final report, and in his annual report, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

See instructions on back of this form. The Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

86111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

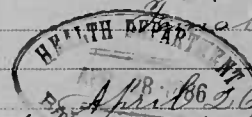
7 Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,



4. Place of Birth, (Street and Number)

Johnson & Linar Chesney St.

5. Full Name of Mother,

Maria Ripple.

6. Mother's Maiden Name,

Kries.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Lenhard Ripple.

9. Father's Occupation,

Store-keeper

10. Father's Birthplace,

America.

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser. Midwife.

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH 86112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

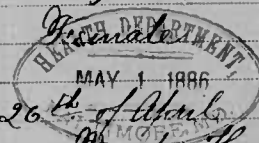
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



26th of April
29 Corner Bond & Hampstead
Catherine Sullivan
Kane
Ireland
James Sullivan
Labour
Ireland
Sarah Casper
72 E. Lombard St.

In the absence of the Registrar, the Registrar of Health, in the manner and within the period above required, and any such person reporting the birth to the Commissioner of Health, the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report for Birth to the Commissioner of Health, in the manner and within the time required, and for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 26

Hanover Ave 710

Charlotte Baur

Spaniol

Germany

William Baur

Glass Blower

Germany

Miss Munch

1 Leadmill St

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

86114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 26

4. Place of Birth, (Street and Number)

Sev & Cross Sts

5. Full Name of Mother

Ida Swann

6. Mother's Maiden Name

Longood

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Wm Swann

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

Balt Md

Name of Medical Attendant,

or other Person who makes this Return

Geo R Graham M D

Address,

138 Columbia Ave

Remarks,



RETURN OF A BIRTH. ⁸⁶¹¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth April 26th 1886

4. Place of Birth, (Street and Number) 16 Front st.

5. Full Name of Mother, Anna Kahn

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Kahn

9. Father's Occupation, Painter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 49 S. Exeter st

Remarks, _____

Be in addition to the above, upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) ..

Female

2. Race or Color, (if not of the white race) ..

white

3. Date of Birth, ..

April 26th

4. Place of Birth, (Street and Number) ..

No 4.56 Mulberry St-

5. Full Name of Mother, ..

Fanny Fredrix

6. Mother's Maiden Name, ..

Fanny Reed

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father, ..

Wagon Driver Thomas Fredrix

9. Father's Occupation, ..

Wagon driver

10. Father's Birthplace, ..

Fredricks Co

Name of Medical Attendant, or other Person who makes this Return ..

Mr. Milly Blacke

Address, ..

53, Carlton St-

Remarks, ..

Healthy

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

For attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

86118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 April

4. Place of Birth, (Street and Number) Joseph St

5. Full Name of Mother, Anna Meyer

6. Mother's Maiden Name, Anna H. Carter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Meyer

9. Father's Occupation, driver a cart

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Clara E. Bayless

Address, No 352 Maryland St

Remarks,

Be it remembered, that upon the mother, immediately thereafter is shall become the duty of the person or persons of said child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *White*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27th April 1886*

4. Place of Birth, (Street and Number) *73 Cor. Fayette and W. 1st St.*

5. Full Name of Mother, *Josephina Gittelmyer.*

6. Mother's Maiden Name, *Josephina Baker.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *John Baker.*

9. Father's Occupation, *Butcher.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel.*

Address, *77 North Chapel St. per Gretina Kunkel.*

Remarks, *Healthy.*



Be in attendance upon the child and mother, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 27th 1896*

4. Place of Birth, (Street and Number) *26 N. High St*

5. Full Name of Mother, *Mary A. Joyner*

6. Mother's Maiden Name, *Hammond*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Wm. Joyner*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *E. B. Britton M.D.*

Address, *51 S. Broadway*

Remarks, *Freely delivered - Mother seized with Puerp. Eclampsia during labor - Consulting & came to delivery - about 30 sent in 16 hours*



be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁶¹²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 22 / MAY 1 1886*

4. Place of Birth, (Street and Number) *77 E. 7th Baltimore*

5. Full Name of Mother, *Blanca Harris*

6. Mother's Maiden Name, *Blanca Harris*

7. Mother's Birthplace, *Rich. Virginia*

8. Full Name of Father, *John Wilson*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Luzanne H. H. H.*

Address, *730 Regent St.*

Remarks,

RETURN OF A BIRTH *86722*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 27th 1886

4. Place of Birth, (Street and Number)

222 Alice Run St.

5. Full Name of Mother,

Caroline Herminau

6. Mother's Maiden Name,

Meyer

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Adolf Herminau

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Elizabeth Betz

Address,

120 Bank St.

Remarks,



Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

56123

[illegible]

3d

Male

White

Apl. 27 1886

11 Wilson St

Elizabeth Francis Kilrain

Hoar

Summerville Mass.

John Joseph Kilrain

Teacher

New York

J. H. Christian M.D.
506 Mad. Ave.

506 Mad. Ave.



RETURN OF A BIRTH.

86128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth April 27th 1886

4. Place of Birth, (Street and Number) 12 Harrison st.

5. Full Name of Mother, Ether Wolff

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Abraham Wolff

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks, _____

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons or and, to report its birth to the Commissioner of Health, in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other dues and forfeitures are recoverable.

RETURN OF A BIRTH

86125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 27th 1886

4. Place of Birth, (Street and Number)

930 W. Broadway

5. Full Name of Mother,

Jeanette S. Bower

6. Mother's Maiden Name,

Strible

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas E. Bower

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. W. S. S. S. S. S.

Address,

Gay St. Franklin St.

Remarks,

Report by Birth to the Commissioner of Health, in the manner and within the period above required, and any such person who neglects to do so, shall be liable to a fine of not more than \$100, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27 1886

4. Place of Birth, (Street and Number) 203 Madison St.

5. Full Name of Mother, Mary Authen

6. Mother's Maiden Name, Mary Price

7. Mother's Birthplace, Howard county

8. Full Name of Father, Geo. H. Authen

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. Butt

Address, 185 S.E. cor. Center av. & Monument St.

Remarks, All Well

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 27th 1888

4. Place of Birth, (Street and Number)

216 E. Charles St.

5. Full Name of Mother,

Mary Agnes Herbert

6. Mother's Maiden Name,

Ries

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George J. Herbert

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Geo. S. M. M. M.

Address,

507 E. Charles St.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of not less than \$10 nor more than \$50, and for each offense to be recovered as other fines and forfeitures are recoverable.

For each child born, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall receive from the mother, or other person who shall be subject to the provisions of this section, a fee of ten cents, and any such person who shall refuse to pay the same, shall be subject to the provisions of this section, and shall be liable to the same penalties as are provided for in the Act of the General Assembly, passed March 27, 1886, relating to the registration of births and deaths.

RETURN OF A BIRTH ⁸⁶¹²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

B 2 on

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 27

4. Place of Birth, (Street and Number)

303 West Biddle St.

5. Full Name of Mother,

Rose Lee Langhorn

6. Mother's Maiden Name,

John P. Lee

7. Mother's Birthplace,

Wilmington, North Carolina

8. Full Name of Father,

William Langhorn

9. Father's Occupation,

Master

10. Father's Birthplace,

Lyonsburg, Virginia

Name of Medical Attendant, or other Person who makes this Return.

Angie Johnson

Address,

74 Johnson Street

Remarks,



8612

absconded no other person be in attendance upon the mother, immediately thereafter, it shall then become and remain the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and where the parent above required, or any other person, shall have failed to comply with the provisions of this section shall be subject to arrest and punishment as other persons who shall have failed to comply with the provisions of this section are punishable.

Gemma

White

April 28/96

12

Yethie Bernstein

Betty Mack

Wm. H. K. City


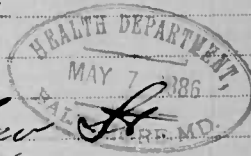

May, Bernstein

Baker

Russia

Mrs. R. Goldman

F. Y. Sharp & Co.

RETURN OF A BIRTH.

86130

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 18 N. Spring St near Preston St.

4. Place of Birth (Street and Number) April 28th 1886

5. Full Name of Mother Addie Kreg

6. Mother's Maiden Name " Gibson

7. Mother's Birthplace Baltimore Co. Md.

8. Full Name of Father Wm. Kreg

9. Father's Occupation Laborer

10. Father's Birthplace Charles Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. B. Peabody, M.D.

Address 283 N. Eden St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

Report for Birth in the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subjected to the fine of \$-1-10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr. 25

4. Place of Birth, (Street and Number)

Lanvale near Park

5. Full Name of Mother,

Minnie Hewlett

6. Mother's Maiden Name,

Morris

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Dr. H. Hewlett

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Wilson

Address,

251 Mad. An.

Remarks,

RETURN OF A BIRTH ⁸⁶¹³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Chad*

3. Date of Birth, *25. 10. 86*

4. Place of Birth, (Street and Number) *Durham St*

5. Full Name of Mother, *Julia A. Dennis*

6. Mother's Maiden Name, *Jakey A. Mullen*

7. Mother's Birthplace, *Galles St*

8. Full Name of Father, *William H. Dennis*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wm. S. Elzeeth mcdonald*

Address,

Remarks,



In the absence of the mother, the Registrar of Vital Statistics, or other person authorized by the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

respect his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28 1886

4. Place of Birth, (Street and Number)

1 Door West of Holy Comm.
Church (no number on map)

5. Full Name of Mother,

Elinor E. Harrison

6. Mother's Maiden Name,

Elinor E. G. Fowler

7. Mother's Birthplace,

Calvert Co. Md

8. Full Name of Father,

Julius J. Harrison

9. Father's Occupation,

Brush Maker

10. Father's Birthplace,

Calvert Co. Md

Name of Medical Attendant, or other Person who makes this Return.

W. B. Bebb, M.D.

Address,

50 Harrin av

Remarks,

CERTIFICATE CORRECTED 1-10-58 GIVEN NAME ADDED 3-27-58
RETURN OF A BIRTH 86134

Name
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles William Kiehne Second child
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 28/86
4. Place of Birth, (Street and Number) 556 E. Eager St.
5. Full Name of Mother, Emma Heinrich Kiehne
6. Mother's Maiden Name, " Backstrom
7. Mother's Birthplace, Sweden
8. Full Name of Father, Ernest Heinrich Kiehne
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, R. W. Mansfield M.D.

Address, 50 25 Broadway

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*,....

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplocce,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth April 28th 1881

4. Place of Birth, (Street and Number) 12 Lombard St.

5. Full Name of Mother, Rebecca Goodman

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Abraham Goodman

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter St.

Remarks, _____

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶¹³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Eighth
Thomas

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

April

4. Place of Birth, (Street and Number)

231 W. Howard St

5. Full Name of Mother,

Mary W. Brown

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Wilmington

8. Full Name of Father,

Wm. Brown

9. Father's Occupation,

Caricature

10. Father's Birthplace,

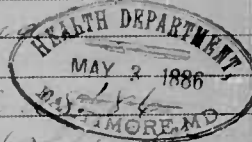
Wm.

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allen

Address, *286 W. Tenth St*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and form provided in this section, and the penalty for each failure for each officer to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

86138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28

4. Place of Birth, (Street and Number)

No 157

5. Full Name of Mother,

Kate Kersmehl

6. Mother's Maiden Name,

Kate Bruning

7. Mother's Birthplace,

Balt city md

8. Full Name of Father,

Gustave Kersmehl

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

E. Hinton

Address,

No 688 Charles St

Remarks,



RETURN OF A BIRTH ⁸⁶¹³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

28 April 1886

4. Place of Birth, (Street and Number)

George Street No. 106

5. Full Name of Mother,

Luzzy Stidt

6. Mother's Maiden Name,

Luzzy Murray

7. Mother's Birthplace,

Brooklyn N.Y.

8. Full Name of Father,

Guostav Stidt

9. Father's Occupation,

Manufacturer of shoes etc

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

A. E. Reinhardt

Address,

271 N Howard Street

Remarks,

and the attendant, upon the birth of a child, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28

4. Place of Birth, (Street and Number) 398 Chase St. Balt.

5. Full Name of Mother, M. A. Gimmert

6. Mother's Maiden Name, M. A. Hoffer

7. Mother's Birthplace, Balt.

8. Full Name of Father, E. A. Gimmert

9. Father's Occupation, Railroad Service

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Julia Brown

Address, 466 N. Gay St. Balt.

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who neglect to do so, shall be liable to a fine of not less than ten dollars, nor more than fifty dollars, for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

86142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27 1886

4. Place of Birth, (Street and Number) Howard St.

5. Full Name of Mother, Christine S. Sauerman

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Prussia

8. Full Name of Father, Adolph S. Sauerman

9. Father's Occupation, Jeweler

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Samuel Green

Address, No. 634 Light St.

Remarks,



report its birth to the Commissioner of Health, in the manner set within the printed above required, and any such person
person is liable to a fine of ten dollars, which shall be subject to be paid by the person or persons, and any such person
for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

86143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

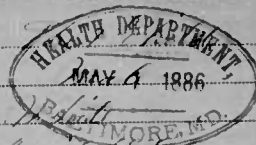
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 28th April 1886

No 10 Talbot St

Brigit Moran

Brigit Kines

Ireland

Thomas Moran

Dr Chas Linn

No 123 Maryland St

Baltimore Md

15 86

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

876

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28th 1886

4. Place of Birth, (Street and Number)

256 N. Main St.

5. Full Name of Mother,

Matilda E. Seaman

6. Mother's Maiden Name,

Matilda E. Seaman

7. Mother's Birthplace,

London, England

8. Full Name of Father,

Daniel Seaman

9. Father's Occupation,

Sup't Metropolitan Ins. Co

10. Father's Birthplace,

Edinburgh, England

Name of Medical Attendant, or other Person who makes this Return.

J. H. Seaman

Address,

48 N. Campbell

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶¹⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

28th of April 1886.

4. Place of Birth, (Street and Number)

Baltimore Comet St No. 12.

5. Full Name of Mother,

Mary Ann Smith

6. Mother's Maiden Name,

M^{rs} Namara.

7. Mother's Birthplace,

England

8. Full Name of Father,

John J. Smith

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Ann Kosman

Address,

10. 10 South Eden St

Remarks,

78178

[illegible]

26

Female

1891

28th April 1856

1079

Mathilde Haller

Mathilde Thier

Baltimore, Md.

John Hallen

Pencil

Review K.

Mr. Geo. Hille, Michigan

of 43 N. Castle Street.

[illegible]

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting to do so, or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and to return are recoverable.

RETURN OF A BIRTH. 86147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *April 28. 1886*

4. Place of Birth, (Street and Number) *6 Waverly Ave.*

5. Full Name of Mother, *Caroline King*

6. Mother's Maiden Name, *Porter*

7. Mother's Birthplace, *Frederickburg, Va.*

8. Full Name of Father, *John King*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wm. Lamborn*

Address, *220 Montgomerystown St.*

Remarks,



RETURN OF A BIRTH 86148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 28 April 1886

4. Place of Birth, (Street and Number) 26 N. Wolfe St

5. Full Name of Mother, Barbara Storer

6. Mother's Maiden Name, Barbara Stine

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Storer

9. Father's Occupation, Hod carrier

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Koptich

Address, 69 N. Washington St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 86149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 April 1886

4. Place of Birth, (Street and Number) 32 Rushmore St

5. Full Name of Mother, Josephine Domacek

6. Mother's Maiden Name, Josefa Belohorak

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Josef Domacek

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Harry Koptich

Address, 69 N Washington St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH

86150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 29

4. Place of Birth, (Street and Number)

36 Hill St

5. Full Name of Mother,

Francis Meyd

6. Mother's Maiden Name,

Hild

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Meyd

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

A. L. Buddenbom M.D.

Address,

166 S. Race St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *29 April 1886*

4. Place of Birth, (Street and Number) *481 Mount St*

5. Full Name of Mother, *Katie Klein*

6. Mother's Maiden Name, *Katie Alt*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Klein*

9. Father's Occupation, *Stone Keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Miss A. M. M. M. M.*

Address, *123 Mother St*

Remarks,



RETURN OF A BIRTH

86152

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



April 27th
No. 273 Lafayette ave
Mrs. Mary B. Currier
" " Ridgely
Balto Co Md
Ira. Currier
Sewing Machine Agent
Balto. Co. Md.
T Chew Worthington md
373 W Fayette St

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 of April 1896

4. Place of Birth, (Street and Number) No. 134 Johnson St.

5. Full Name of Mother, Helen Jones

6. Mother's Maiden Name, Wheat

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Jones

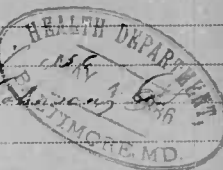
9. Father's Occupation, Copper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Salina Drabaker

Address, Wheat St. Baltimore

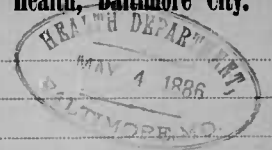
Remarks, _____



In compliance with the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁵⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 29th 1886

4. Place of Birth, (Street and Number) Baltimore City 22 Cassatt St

5. Full Name of Mother, Mary Oster

6. Mother's Maiden Name, Mary Schrader

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Oster

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. Shaffer

Address, 135 E. Edgely St

Remarks,

See instructions upon the under immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 29 1886*

4. Place of Birth, (Street and Number) *234 N Caroline st*

5. Full Name of Mother, *Ellen Spranklin*

6. Mother's Maiden Name, *Cable*

7. Mother's Birthplace, *Bal*

8. Full Name of Father, *Charles Spranklin*

9. Father's Occupation, *Druxton*

10. Father's Birthplace, *Bal*

Name of Medical Attendant, or other Person who makes this Return.

Address, *466 N Gay st*

Remarks,



be in all cases, upon the mother, immediately thereafter if shall become the duty of the parent or parents of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 86156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 29 April

4. Place of Birth, (Street and Number) Baltimore 400 West St

5. Full Name of Mother, Georgeanna Hayes

6. Mother's Maiden Name, Georgeanna Fisher

7. Mother's Birthplace, Calvert County

8. Full Name of Father, Charles W. Hayes

9. Father's Occupation, Brick Maker

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return, Mrs James Simms

Address, 400 West Street

Remarks,



PL 157

any child or parent of such child to report to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of infants, and persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, to be recovered as other fines and penalties are now levied.

5

Female

White

24

B-199 Parkin Str

Elisabeth König

Elizabeth Newman

Germany

Henry Honick

Carpenter

Germany

or other Person who
makes this Return.

.....



RETURN OF A BIRTH 86158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Thursday April 29th 1886

4. Place of Birth, (Street and Number)

119 E. Eager St.

5. Full Name of Mother,

Philmonia O. Murphy

6. Mother's Maiden Name,

Philmonia Oliver

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Wm. Murphy

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this return.

William Brinton M.D.

Address,

Chase St. & Forest Place

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense (to be recovered in other sums and forfeitures are recoverable).

RETURN OF A BIRTH

P6159

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 29 - 86

4. Place of Birth, (Street and Number)

34 West St

5. Full Name of Mother,

Mary A Larkins

6. Mother's Maiden Name,

Mary A Coxen

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Orlando Larkins

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other Person who makes this Return

Daniel V. Moyer M.D.

Address,

192 Airy St

Remarks.

RETURN OF A BIRTH ³⁶¹⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, April 29 1886

4. Place of Birth, (Street and Number) 28 Laurel St

5. Full Name of Mother, Harriett Bantam

6. Mother's Maiden Name, Harriett Bantam

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, George H Smith

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore City md

Name of Medical Attendant, Harriett Jackson or other Person who makes this Return.

Address, 14 Longlast St

Remarks, Sick



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (\$5) dollars for each failure to be recovered as other fines and forfeitures are recovered.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 86/612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 29

4. Place of Birth, (Street and Number)

107 Westcoat

5. Full Name of Mother,

Addie Hall

6. Mother's Maiden Name,

Goldie Richards

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Thomas George Hall

9. Father's Occupation,

Steward on boat

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Emmie G. Alexander M.D.

Address,

885 W. Lanvale St

Remarks,

RETURN OF A BIRTH

86162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

White-Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 30th

4. Place of Birth, (Street and Number)

74 Columbia Ave

5. Full Name of Mother,

Annie E. Wortham

6. Mother's Maiden Name,

Annie E. Muse

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William H. Wortham

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Slifer

Address,

74 Columbia Ave

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁴⁶¹⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

April 30/86

30 Kemmitte Pl

Lizzie Harris

Walker

Baltimore

Major Harris

Captain

Baltimore

Charlotte S Lewis

162 Harmon St

Penalty for non-compliance. If the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, and if they fail to do so, they shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court. If the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, and if they fail to do so, they shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

86164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 30th 1886

4. Place of Birth, (Street and Number)

251 Hennricetta St.

5. Full Name of Mother,

Mary Hauke

6. Mother's Maiden Name,

Gienger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Hauke

9. Father's Occupation,

Piano maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schaeffer Midwife

Address,

380 Hennricetta St.

Remarks,

Persons who fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 30th 1886

4. Place of Birth, (Street and Number)

29 Charles St. Baltimore

5. Full Name of Mother,

Protha Rosenheim

6. Mother's Maiden Name,

Rosenstock

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Rosenheim

9. Father's Occupation,

City at Law

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. S. Murell

Address,

1000 Madison St.

Remarks,

report the birth to the Commissioner of Health, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *30 April 1886*

4. Place of Birth, (Street and Number) *W Lombard Street 214*

5. Full Name of Mother, *Auguste Romi Schausen*

6. Mother's Maiden Name, *Auguste Koch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Gustav Romi Schausen*

9. Father's Occupation, *Manager of Germania-Hoerner*

10. Father's Birthplace, *Bielefeld Germany*

Name of Medical Attendant, or other Person who makes this Return, *Dr. F. Reinhard*

Address, *211 N Howard Street*

Remarks,



RETURN OF A BIRTH 86167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5th
1. Sex, (state whether male or female) Male. Colored.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 30th
4. Place of Birth, (Street and Number) 77 Oxford Street.
5. Full Name of Mother, Sophia Spence.
6. Mother's Maiden Name, Sophia Evans.
7. Mother's Birthplace, Arme Arundel Co. Md.
8. Full Name of Father, Arnold. E. Spence.
9. Father's Occupation, Nurse.
10. Father's Birthplace, Eastern Shore Md.
- Name of Medical Attendant, or other Person who makes this Return, Heater Gotaine.
- Address, 39 Little Mansuett St.
- Remarks,

Report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86168

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 30th 1886

4. Place of Birth, (Street and Number)

428 Mulberry St.

5. Full Name of Mother,

Eda Florence Gimble

6. Mother's Maiden Name,

Baltimore County Md

7. Mother's Birthplace,

Baltimore County Md

8. Full Name of Father,

Thomas Bear Gimble

9. Father's Occupation,

Miller

10. Other's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

192 N. Carey St.

C. H. Free M.D.

Remarks,



RETURN OF A BIRTH ⁸⁶¹⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 20th*

4. Place of Birth, (Street and Number) *No 1 Jackson Court*

5. Full Name of Mother, *Margaretta Kitzinger Reis*

6. Mother's Maiden Name, *Margaretta Kitzinger*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *August Reis*

9. Father's Occupation, *Cropper*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Stimmer*

Address, *60 North Schurder St*

Remarks,



Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *A Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 30*
4. Place of Birth, (Street and Number) *Baltimore City*
5. Full Name of Mother, *Amelia Davis*
6. Mother's Maiden Name, *Amelia Ritter*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *George B. Davis*
9. Father's Occupation, *Miner*
10. Father's Birthplace, *Boston Mass*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Dundee*
Address, *60 North Schroeder St.*
Remarks,



Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be liable to the fine of ten dollars.

RETURN OF A BIRTH. 86171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

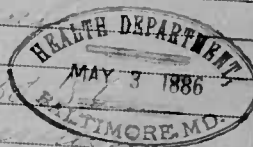
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 184 N. Gough St

Remarks,



RETURN OF A BIRTH ⁸⁶¹⁷²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

9"
male
white



April 30th 1895

12 W. 2nd St.

Margaret Baylow

Drury
St Marys Co
Horace Baylow
Labor

Pennsylvania

Geo R Graham M.D.

136 Columbia ave

RETURN OF A BIRTH ⁰⁶¹⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 30*

4. Place of Birth, (Street and Number) *Parkin St No 70 Baltimore*

5. Full Name of Mother, *Carrie B. Shields*

6. Mother's Maiden Name, *Carrie Harrell*

7. Mother's Birthplace, *Burlington Iowa*

8. Full Name of Father, *Charles B. Shields*

9. Father's Occupation, *Shoe cutter*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, *Miss Mary J. Manning*

or other Person who makes this Return.

Address, *1340 South Park St Baltimore*

Remarks, *Mother signed Child's name*



for each office to be recovered as other laws and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

20 of April 1886

4. Place of Birth, (Street and Number)

1401st St St

5. Full Name of Mother

Josephine Barker

6. Mother's Maiden Name

Josephine Hamilton

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Hamilton

9. Father's Occupation

Carpenter

10. Father's Birthplace

Virginia

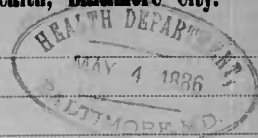
Name of Medical Attendant, or other Person who makes this Return.

Salina Brashear

Address

1401st St St

Remarks



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 30th 86

4. Place of Birth, (Street and Number)

350 Hamburg St.

5. Full Name of Mother,

Katia Karseneyer

6. Mother's Maiden Name,

" Kause

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Karseneyer

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Hook

Address,

328 L. Euter St.

Remarks,



RETURN OF A BIRTH ⁸⁶¹⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, April 25-90

4. Place of Birth, (Street and Number) 411 Beuther

5. Full Name of Mother, Frances Cunningham

6. Mother's Maiden Name, Frances Cooper

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Cunningham

9. Father's Occupation, Laber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Samuel Morgan

Address, 1412 N. E. Carroll St.

Remarks,



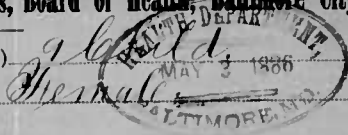
in a small space upon the mother, immediately thereafter it shall become the duty of the person or persons of whom a birth is reported to the Registrar of Health, to the mother and to the father, to sign and to file with the Registrar of Health, a return of the birth, and to pay for each return the sum of ten (10) dollars for each return to be recovered as other fees and forfeitures are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

April 30th 1886

No 74 Backers Court.

Francier Backersfurger.

" " Chubb.

Baltimore.

Daniel Backersfurger.

George Smith

Germany.

Annie Liddner

No 45 S. Charles St.

RETURN OF A BIRTH,

Original
86178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of child: *Christine Grothaus*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*



1. Sex (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *April 30th 1886*

4. Place of Birth, (Street and Number) *261 S.W. Corner Broadway & Thomas St.*

5. Full Name of Mother *Maria T. Grothaus*

6. Mother's Maiden Name *Maria T. Richter*

7. Mother's Birthplace *Baltimore City, Md.*

8. Full Name of Father *Wilhelm G. Grothaus*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return.

Nicholas L. Dashiell

Address

207 S. Broadway

Remarks

RETURN OF A BIRTH 86179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-14

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 30th 1886

4. Place of Birth, (Street and Number) 242 N Bond St

5. Full Name of Mother, Mary Elizabeth Lucas

6. Mother's Maiden Name, Mary Elizabeth Parnell

7. Mother's Birthplace, Balt City

8. Full Name of Father, John Edward Lucas

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return.

Address, 86 W Pralou St

Remarks, Quick labor large growth protruding from Occipital fontanelle,



For each return, to be procured as other fees and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *30 of April*

4. Place of Birth, (Street and Number) *62 Sherwin Street*

5. Full Name of Mother, *Racheal Saxton*

6. Mother's Maiden Name, *Racheal Adams*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Richard Adams*

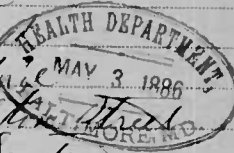
9. Father's Occupation, *Minister*

10. Father's Birthplace, *West River*

Name of Medical Attendant, or other Person who makes this Return *May Jane Richardson*

Address, _____

Remarks, _____



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of a child, in which cases the duty of the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. ⁸⁶¹⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

No. 337 Barris street

4. Place of Birth, (Street and Number)

30th April 1886

5. Full Name of Mother,

Emma Eckert.

6. Mother's Maiden Name,

Emma Smith.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Eckert.

9. Father's Occupation,

Brush Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

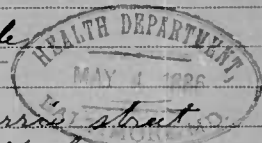
Mrs. C. Sebach.

Address,

439 W. Pratt street.

Remarks,

report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other due and forfeitures are recoverable.



RETURN OF A BIRTH ⁵⁶¹⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 20 1886

4. Place of Birth, (Street and Number)

145 N. Paca St

5. Full Name of Mother,

Mary E. Amos

6. Mother's Maiden Name,

Fillenow

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William J. Amos

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Marbury Brewster M.D.

Address,

68 N. Carroll St

Remarks,

within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

86153

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4th)*

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Friday, April 20th, 1886

4. Place of Birth, (Street and Number)

No. 1884 Calvary St.

5. Full Name of Mother,

Maria Jenkins

6. Mother's Maiden Name,

7. Mother's Birthplace,

Fredrick City, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. George M.D.

Address,

317 Lexington St.

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Father's Name of Father,

Father's Birthplace,

Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



151 B. Street S.E.

Rebecca Atkins

Rebecca Hall

Card County

George (Horn) Williams

Salisbury

Waggoner County

Dr. J. A. H. H. H.

130 Regester St.

RETURN OF A BIRTH 86185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 105

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) *brn*

3. Date of Birth, May 12 1886

4. Place of Birth, (Street and Number) 119 N. Spring St

5. Full Name of Mother, Ann Maria Brown

6. Mother's Maiden Name, "

7. Mother's Birthplace, *Domestic to Mo*

8. Full Name of Father, Charles Delaney

9. Father's Occupation, *Steadman*

10. Father's Birthplace, *Domestic to Md*

Name of Medical Attendant, or other Person who makes this Return, *Refused by Mother*

Address, *60 Jefferson St*

Remarks,



of this section, and any such person shall be subjected to the fine of ten (10) dollars recoverable.

or persons who shall hereafter fail to so for each offense to be recovered as other

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

86186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th 1886

4. Place of Birth, (Street and Number)

19 Saint James St.

5. Full Name of Mother,

Lena Hoffmeister

6. Mother's Maiden Name,

Lena Risholt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm. Hoffmeister

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH ⁸⁶¹⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

1st May 1886

4. Place of Birth, (Street and Number)

63 Camden St

5. Full Name of Mother,

Hester Blum

6. Mother's Maiden Name,

Rab

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Jacob Blum

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

H. W. Hetsler Jr

Address,

101 Barret

Remarks,



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Persons who fill in after full in comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other times and forfeitures are recoverable.

RETURN OF A BIRTH 86188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

95

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White American

3. Date of Birth,

May 1st 1886

4. Place of Birth, (Street and Number)

72 St Paul St

5. Full Name of Mother,

Maria Thomas Markoe

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Talbot Co. Md.

8. Full Name of Father,

Frank Markoe

9. Father's Occupation,

Insurance Agent

10. Father's Birthplace,

Washington D.C.

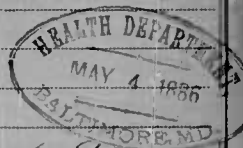
Name of Medical Attendant, or other Person who makes this Return.

J. E. Lindsay M.D.

Address,

23 Bond St.

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Registrar of Vital Statistics, within the time specified in the regulations of this section, and in case of failure to do so, the person or persons so failing to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH. ⁸⁶¹⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 1, 1886

4. Place of Birth, (Street and Number) 137 Robinson St

5. Full Name of Mother, Helin Ruark

6. Mother's Maiden Name, Helin Branas

7. Mother's Birthplace, Maryland

8. Full Name of Father, E. B. Ruark

9. Father's Occupation, Weigher

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Ann Clark

Address, _____

Remarks, _____



RETURN OF A BIRTH. ⁸⁶¹⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth May 1 1886

4. Place of Birth, (Street and Number) 211 N. Carroll St.

5. Full Name of Mother, Estelle Cornea

6. Mother's Maiden Name, Cetgenodanow

7. Mother's Birthplace, Frederick

8. Full Name of Father, Geo. Cornea

9. Father's Occupation, Baltimore Md

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Henry A. Althoff

Address, 286 N. Tenth St.

Remarks, _____



RETURN OF A BIRTH ⁸⁶¹⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...1st

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 1st 1886*
4. Place of Birth, (Street and Number) *49 Hill St Balto City*
5. Full Name of Mother, *Ida Francis*
6. Mother's Maiden Name, *Ida M. Shearman*
7. Mother's Birthplace, *Langgreen Balto Con*
8. Full Name of Father, *Jamuel G. Francis*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Langgreen Balto Con*
Name of Medical Attendant, or other Person who makes this Return, *Larrap Joseph Midwifery*
Address, *224 Hughes St Balto City*
Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
May 1st. 1896
47th Channing St.
Elletta G. Murphy
" " Argent.
Balti.
Francis L. Murphy
Houseman
Balti.

Edward F. M. Drick
421 Argonne St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

6196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 May 1886

4. Place of Birth, (Street and Number) 712 3rd or Highlandtown

5. Full Name of Mother, Rose Genzler

6. Mother's Maiden Name, Beahm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Genzler

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. Wiley

Address, W. H. Patterson Park av

Remarks,

RETURN OF A BIRTH ⁸⁶¹⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 17 1886

4. Place of Birth, (Street and Number)

134 Johnson St
Helen Rhuark

5. Full Name of Mother,

Helen Haorn

6. Mother's Maiden Name,

Mrs

7. Mother's Birthplace,

Edw Rhuark

8. Full Name of Father,

Carpenter

9. Father's Occupation,

Mrs

10. Father's Birthplace,

Wm D Apple M

Name of Medical Attendant, or other Person who makes this Return.

Dr Warren Dr

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Persons who fail to file the transmission of this form, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶¹⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 1st 1888

4. Place of Birth, (Street and Number) No. 11 S. Schwooden St.

5. Full Name of Mother, Mrs. Carlone Schaffer

6. Mother's Maiden Name, Carlone Wawick

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John Schaffer

9. Father's Occupation, Dealer in Fruit & Vegetables

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter

Address, 21 N. Poppleton St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each infraction to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH 86200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT
MAY 10 1886
Mary Purcell
146 Hammond St.
Cecilia Hoffmann
Cincinnati
Baltimore
Lewis Hoffmann
Accountant
Austria
Deborah Cooke M.D.
146 Hammond St. Rec'd

RETURN OF A BIRTH ¹⁸⁶²⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Males. ~~Child.~~
 Colored.
 May 14th 18.86.
 Lufkin's Court No. 2.
 Nancy Gulloway.
 Nancy Brown.
 Lufkin's County.
 Samuel Gulloway.
 Sailor.
 North Carolina.
 Larkin ~~Hamby~~ Tomlin.
 134 Chestnut
 She is getting along as well as can
 be expected.

RETURN OF A BIRTH.

86202

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

12th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth

May 1st, 1886

4. Place of Birth (Street and Number)

229 Preston St.

5. Full Name of Mother

Amanda Wilson

6. Mother's Maiden Name

Taylor

7. Mother's Birthplace

Cumberland Md.

8. Full Name of Father

James Wilson

9. Father's Occupation

Had Carrier

10. Father's Birthplace

Richmond Va.

Name of Medical Attendant, or other Person who makes this Return.

J. B. Gansner

Address

120 N. Greene St.

Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male 2nd
1. Sex, (state whether male or female) male Colored
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 1st
4. Place of Birth, (Street and Number) 293 West Biddle St
5. Full Name of Mother, Learnia Collins
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Leiston Howard, Co
8. Full Name of Father, Joseph Henry Collins
9. Father's Occupation, porter
10. Father's Birthplace, Camdenville, Ind
- Name of Medical Attendant, or other Person who makes this Return, Admiral Johnson 94 Jayson St
- Address, _____
- Remarks, _____



RETURN OF A BIRTH ⁸⁶²⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, May 1 1886

4. Place of Birth, (Street and Number) 15 Union St.

5. Full Name of Mother, Sarah

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Lange

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harry Stein

Address, 151 E. Pratt St.

Remarks,

RETURN OF A BIRTH 86205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 May 1886

4. Place of Birth, (Street and Number) 82 Thames St

5. Full Name of Mother, Mary Blasch

6. Mother's Maiden Name, Mary Blasch

7. Mother's Birthplace, Bohemia

8. Full Name of Father, James Blasch

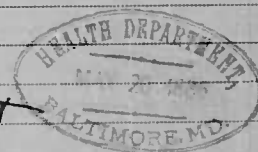
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koptich

Address, 694 Washington St

Remarks,



of persons who have been convicted of this offense, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86206

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

20

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 1 1886

4. Place of Birth, (Street and Number)

Fremont St. S.W. Corner Mulberry

5. Full Name of Mother,

Anna Thiemann

6. Mother's Maiden Name,

Anna Bachm

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Friedr. Thiemann

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. W. H. Thiemann

Address,

120 Pearl St. Balt.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1 1886

4. Place of Birth, (Street and Number) 352 E Lombard St

5. Full Name of Mother, Katherina Bitter

6. Mother's Maiden Name, Katherina Polster

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Bitter

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Lupton

Address, 621 N. Washington St

Remarks.



of persons who are married, and the names of the mother, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86209

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
White
May 1st
318 W. Fayette St.
Martha M. Henry
Martha Leguin
Baltimore
W. Ross M. Henry
Black
Baltimore
Robt. H. Kearns
318 W. Fayette St.

of the parents, and the maiden name of the mother of such child or children.

out of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ²⁶²¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2, 1886.

4. Place of Birth, (Street and Number)

473 Aisquith

5. Full Name of Mother,

Mary E. McComas

6. Mother's Maiden Name,

Hoswell

7. Mother's Birthplace,

Balto. Co.

8. Full Name of Father,

J. R. McComas

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Jas. M. Craighill

Address,

BALTIMORE, MD.

Remarks,

RETURN OF A BIRTH 86211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22 1886

4. Place of Birth, (Street and Number) 64 Jefferson St

5. Full Name of Mother, Rachel Stennison

6. Mother's Maiden Name, "

7. Mother's Birthplace, Harnestown Baltimore

8. Full Name of Father, John Stennison

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return, Robert Stennison

Address, 64 Jefferson St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 2^d 1886

4. Place of Birth, (Street and Number)

738 S. Cum St

5. Full Name of Mother,

Lina Breakman

6. Mother's Maiden Name,

" Miller

7. Mother's Birthplace,

City

8. Full Name of Father,

John Breakman

9. Father's Occupation,

Engineer

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Elizabeth Betz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH ⁸⁶²¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 2/86

4. Place of Birth, (Street and Number)

80 Harlem St

5. Full Name of Mother,

Fannie E. Lickle

6. Mother's Maiden Name,

" " Trade

7. Mother's Birthplace,

Va

8. Full Name of Father,

John D. Lickle

9. Father's Occupation,

School teacher

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address,

179 N. Howard St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

May 9th 1886

4. Place of Birth, (Street and Number)

8 17th Street A

5. Full Name of Mother,

Ella Mahan

6. Mother's Maiden Name,

Ella Mahan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Mahan

9. Father's Occupation,

Engineer

10. Father's Birthplace,

County of Anne Arundel

Name of Medical Attendant, or other Person who makes this Return.

Wm. M. A. Cottrell

Address,

825 Montgomery St

Remarks,

Report the birth to the Commissioner of the Department of Health, Baltimore City, for each offence to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH 86215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2 May 1886*

4. Place of Birth, (Street and Number) *109 Castle St*

5. Full Name of Mother, *Mary Zimmerman*

6. Mother's Maiden Name, *Weller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William Zimmerman*

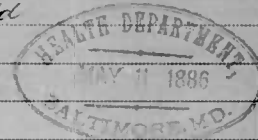
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Wiley Dr*

Address, *12 Patterson Park Ave*

Remarks,



or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 2nd 1886*

4. Place of Birth, (Street and Number) *25 E. Broadway*

5. Full Name of Mother, *Lottie C. Fahn*

6. Mother's Maiden Name, *Widney*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Fahn*

9. Father's Occupation, *Ship*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Walter Cook M.D.*

Address, *1400 N. Avenue*

Remarks,

RETURN OF A BIRTH 86217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2d 1886

4. Place of Birth, (Street and Number)

180 St. Paul Street

5. Full Name of Mother,

Fannie Waters

6. Mother's Maiden Name,

Fannie Scott

7. Mother's Birthplace,

Adrian - Michigan

8. Full Name of Father,

Francis E. Waters

9. Father's Occupation,

Lumber Merchant

10. Father's Birthplace,

Snow Hill - Maryland

Name of Medical Attendant, or other Person who makes this Return

H. J. Hilton

Address,

146 Park Avenue

Remarks,

RETURN OF A BIRTH

86218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, May 2 1886

4. Place of Birth, (Street and Number) No 11 Walnut street

5. Full Name of Mother, Harriet Ann Phillips

6. Mother's Maiden Name,

7. Mother's Birthplace, Harford County

8. Full Name of Father, Walter Jones

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Dr Amelia Banks

Address, 277 North Euterer St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

of persons who shall hereafter fall in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 May 1886

4. Place of Birth, (Street and Number) 121 S Register St

5. Full Name of Mother, Leopoldine Geller

6. Mother's Maiden Name, Leopoldine Winterling

7. Mother's Birthplace, Germany

8. Full Name of Father, George Geller

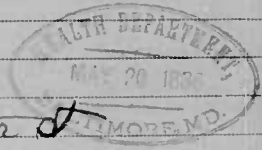
9. Father's Occupation, Baker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Keptel

Address, 67 N Washington St

Remarks,



RETURN OF A BIRTH

86229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *pernat, 2 later*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 2 1886*

4. Place of Birth, (Street and Number) *East St*

5. Full Name of Mother, *Russel Grunfeld*

6. Mother's Maiden Name, *Russel Susselberg*

7. Mother's Birthplace, *Austria*

8. Full Name of Father, *Lewis Grunfeld*

9. Father's Occupation, *Peddler*

10. Father's Birthplace, *Austria*

Name of Medical Attendant, or other Person who makes this Return, *E. Scherman*

Address, *Albmarle St. at 26*

Remarks,



report its return to the Registrar of Vital Statistics, Board of Health, Baltimore City, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2 May

4. Place of Birth, (Street and Number) 163 Gough St

5. Full Name of Mother, Sarah Morris

6. Mother's Maiden Name, " Goldstrom

7. Mother's Birthplace, Poland

8. Full Name of Father, Adolph Morris

9. Father's Occupation, Clerk

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Rosa Ullig
48 Hollands St

Remarks, Baltimore



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86222

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Bright Mulatto.

3. Date of Birth, May 3rd

4. Place of Birth, (Street and Number) 57 Pearl Street.

5. Full Name of Mother, Jennie Bryon

6. Mother's Maiden Name, Jennie Murray.

7. Mother's Birthplace, Enslow County North Carolina

8. Full Name of Father, Charles W. Bryon.

9. Father's Occupation, Cook

10. Father's Birthplace, New Berne, North Carolina.

Name of Medical Attendant, or other Person who makes this Return, Harriet Hammond.

Address, 65 Arch Street.

Remarks,

Report the birth to the Commissioner of Health, to the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 86223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third 3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *May 3d 1886*
4. Place of Birth, (Street and Number) *125 E Baltimore St*
5. Full Name of Mother, *Maria Antoinette Healy*
6. Mother's Maiden Name, *McCormick*
7. Mother's Birthplace, *Bermuda*
8. Full Name of Father, *John Healy*
9. Father's Occupation, *U.S. Signal Observed*
10. Father's Birthplace, *Lynchburg Va*
- Name of Medical Attendant, or other Person who makes this Return, *A E Brooks M.D.*
- Address, *241 E Baltimore St*
- Remarks,



RETURN OF A BIRTH

86224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *3rd May 1886*
4. Place of Birth, (Street and Number) *90 William*
5. Full Name of Mother, *Rose White*
6. Mother's Maiden Name, *Jessons*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Edward White*
9. Father's Occupation, *U. S. N. Engineer*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other Person who makes this Return, *H. W. Webster*
- Address, *101 Barnett*
- Remarks,



Persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶²²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) in good health - ~~entirely~~ sick

2. Race or Color, (if not of the white race) Colored Boy child

3. Date of Birth, May 3d 1886 at 5 o'clock

4. Place of Birth, (Street and Number) no 290 Bayview St. BALTIMORE MD

5. Full Name of Mother, Mary Frances Hall

6. Mother's Maiden Name, Mary Frances Hall

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, not given

9. Father's Occupation, Ironer

10. Father's Birthplace, Balto William Shorter

Name of Medical Attendant, or other Person who makes this Return, Mrs Jane Butler nee Carlton

Address, no 9 Carlton St the child unwell then

Remarks, when Born

Report on Births, Deaths, and Marriages, and on the number of children born alive, shall be made by the Registrar of Vital Statistics, Baltimore City, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 86226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth* 141
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Hebrew*
 3. Date of Birth, *May 3rd/86*
 4. Place of Birth, (Street and Number) *N. Ashby N. 314*
 5. Full Name of Mother, *Floora H. Potzman*
 6. Mother's Maiden Name, *Philipson*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Jacob H. Potzman*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return, *Mrs. Hamler*
 Address, *50 North Schurder St.*
 Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶²²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) See mail

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 3 of May

4. Place of Birth, (Street and Number) 1101 Papiscoe St

5. Full Name of Mother, Martha King

6. Mother's Maiden Name, Martha Reid

7. Mother's Birthplace, Suffolk Va

8. Full Name of Father, John Y King

9. Father's Occupation, General work

10. Father's Birthplace, Suffolk Va

Name of Medical Attendant, or other Person who makes this Return. Millie Grace

Address 181 York Street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶²²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 2nd*

4. Place of Birth, (Street and Number) *24 W 42nd St*

5. Full Name of Mother, *Lena Schilling*

6. Mother's Maiden Name, *Lena Sporar*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Schilling*

9. Father's Occupation, *Paper Hanger*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Schlifer*

Address, *24 Columbia Balto City*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86229

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 3d 1886

4. Place of Birth, (Street and Number) Light St No. 143

5. Full Name of Mother, Mary Mawrel

6. Mother's Maiden Name, Mary Rogers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Mawrel

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, No 10 Abys St

Remarks.



has in and since upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3 1886
4. Place of Birth, (Street and Number) 445 N. Fremont St
5. Full Name of Mother, Mrs. Nellie Woodward
6. Mother's Maiden Name, Miss Nellie Henningsen
7. Mother's Birthplace, Newark, New Jersey
8. Full Name of Father, Thos. E. Woodward
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Susan Hunter
- Address, 21 W. Poppleton St
- Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered at other laws and ordinances are recitable.

RETURN OF A BIRTH.

86231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *May 3rd 1886*

4. Place of Birth, (Street and Number) *# 83 Stirling St*

5. Full Name of Mother *Mary Rodda*

6. Mother's Maiden Name *Wade*

7. Mother's Birthplace *England*

8. Full Name of Father *Samuel Rodda*

9. Father's Occupation *Machinist*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Anna Hellegert*

Address *# 1828 Monument St*

Remarks



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 86232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 May 1884

4. Place of Birth, (Street and Number) 50 E. No. 3rd St.

5. Full Name of Mother, Rose Cook

6. Mother's Maiden Name, Rose Dietz

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Cook

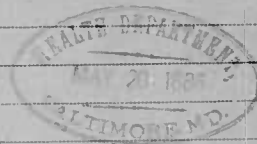
9. Father's Occupation, Tailor

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, Mary H. Felt

Address, 694 Washington St

Remarks,



On the attestation upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense and so recovered as after fines and forfeitures are recoverable.

For an offense against the mother, and for an offense against the child, or if a child becomes the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 May 1886

4. Place of Birth, (Street and Number) 245 N Wolfe St

5. Full Name of Mother, Rose Miller

6. Mother's Maiden Name, Rose Busjick

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Miller

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Koptich

Address, 62 N Washington St

Remarks,



And to
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

86230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 4th

1896

4. Place of Birth, (Street and Number)

No 107 Elliott Street

5. Full Name of Mother,

Ellie Collins

6. Mother's Maiden Name,

Ellie McLaughlin

7. Mother's Birthplace,

Co. Roscommon Ireland

8. Full Name of Father,

Thomas Collins

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Co. Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Gullens

Address,

104 Curlew Street

Remarks,

Be in attendance upon the mother, immediately before, after, or during the birth of the child, and shall be subject to the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶²³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Eight
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

May 4, 1886

4. Place of Birth, (Street and Number)

100 N. Caroline St

5. Full Name of Mother,

Lottie I. Shinn

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Shinn

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address,

206 N. Long St

Remarks,

RETURN OF A BIRTH ⁸⁶²³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Born the 4th of May

4. Place of Birth, (Street and Number)

2 Dexter Court, Henry & Hughes

5. Full Name of Mother,

Susan Hobbs

6. Mother's Maiden Name,

Susan Beane

7. Mother's Birthplace,

Carlow, Ireland

8. Full Name of Father,

Richard Hobbs

9. Father's Occupation,

Tailor, Ireland

10. Father's Birthplace,

Living, cart

Name of Medical Attendant,

or other Person who makes this Return.

Margaret Gray

Address,

78 Welcome City between Hancock & Sharp Street

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

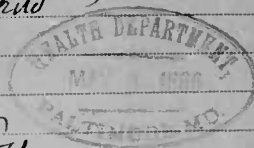
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 1st 1886.*
4. Place of Birth, (Street and Number) *E. Pratt St. No. 71.*
5. Full Name of Mother, *Clara Hendricks*
6. Mother's Maiden Name, *Clara Gerstenbayer*
7. Mother's Birthplace, *Danzig, Prussia, Germany*
8. Full Name of Father, *Friedrich G. Hendricks*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Danzig, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*

Address, *N. Dallas St. No. 26.*

Remarks, _____



In the absence of the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, and if such parent or parents fail to do so, they shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *May 4 86*

4. Place of Birth, (Street and Number) *Mt. Airy*

5. Full Name of Mother, *Eliza*

6. Mother's Maiden Name, *W.D.*

7. Mother's Birthplace, *MD.*

8. Full Name of Father, *John Davis*

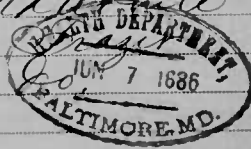
9. Father's Occupation, *Farmer*

10. Father's Birthplace, *MD.*

Name of Medical Attendant, or other Person who makes this return *D. Davis M.D.*

Address, *Mt. Airy*

Remarks, *W.D.*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person as persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 4th*

4. Place of Birth, (Street and Number) *74 Pine Alley*

5. Full Name of Mother, *Leanna V Davidson*

6. Mother's Maiden Name, *Leanna V Flint*

7. Mother's Birthplace, *Offspring, Md*

8. Full Name of Father, *Charles D. Davidson*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Charlottesville, N.C.*

Name of Medical Attendant, or other Person who makes this Return *Chas M Johnson*

Address, *94 Tyson Street*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



1
Male
Colored
May 4 1886
Tompkins St 26
Sarah Holmes
Princeton Somerset Co. Md.
Joseph Holmes
Laborer
St. Louis Mo.
Mrs. Maria Banks
277 North Enoch St

RETURN OF A BIRTH. 56243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 4th 1886
4. Place of Birth, (Street and Number) # Leggett St
5. Full Name of Mother, Elizabeth Valentine
6. Mother's Maiden Name, " Reiling
7. Mother's Birthplace, Germany
8. Full Name of Father, Austin Valentine
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. Anna Hillegast
#1820 Monument St

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or a nurse, or a midwife, or a person who is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

86244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 4th 1886*

4. Place of Birth, (Street and Number) *58 Columbia*

5. Full Name of Mother, *Ella Mills*

6. Mother's Maiden Name, *Schenkel*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Isaac Mills*

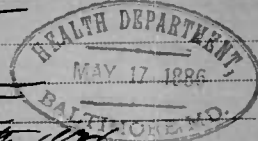
9. Father's Occupation, *Printer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *C. L. Buddenbom M.D.*

Address, *166 S. Paca St.*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 May 1886

4. Place of Birth, (Street and Number) 338 Biddle St

5. Full Name of Mother, Annie Soehla

6. Mother's Maiden Name, Anna Krofke

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Soehla

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, May Koptch

Address, 621 Washington St

Remarks,

Every person who reports a birth to the Registrar of Health, in the manner and within the period there required, and any such person who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the date of birth, sex, race or color, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 May 1886

4. Place of Birth, (Street and Number) N. Howard Street 211

5. Full Name of Mother, Mina Reinhard

6. Mother's Maiden Name, Mina Bluphard

7. Mother's Birthplace, Frankfurt a/M Germany

8. Full Name of Father, Ferdinand Reinhard

9. Father's Occupation, Physician

10. Father's Birthplace, Helfingen Germany

Name of Medical Attendant, or other Person who makes this Return, A. Reinhard

Address, 211 N Howard Street

Remarks,



within the period above required, except in the cases of the illegals and persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁶²⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 5 '86*

4. Place of Birth, (Street and Number) *47 Josephine St*

5. Full Name of Mother, *Ella Rasin*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return

Address, _____

Remarks, _____

Henry Chandler M.D.
181 Linden



RETURN OF A BIRTH ^{P6295}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

White

Date of Birth,

May 5/86

Place of Birth, (Street and Number)

139

Hennette St

Full Name of Mother,

Mattie Hoot

Mother's Maiden Name,

" Stanbury

Mother's Birthplace,

Balt Md

Full Name of Father,

Frederick Hoot

Father's Occupation,

Comm. Merchant

Father's Birthplace,

Balt Md

Name of Medical Attendant,

or other Person who makes this Return

Charlotte A Lewis

Address,

162 Hammer St

Remarks,

Any person who neglects to file a return of a birth, or who files a false return, or who files a return after the expiration of the time prescribed by law, shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recovered.

RETURN OF A BIRTH ⁸⁶²⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female 2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5th day of May 1886

4. Place of Birth, (Street and Number)

626 N. Balto. St.

5. Full Name of Mother,

Annie Fauldrath

6. Mother's Maiden Name,

A. Lange

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

A. Fauldrath

9. Father's Occupation,

Brass Finisher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mr W. Mennel, M.D.

Address,

No. 8 Pearl St.

Remarks,

RETURN OF A BIRTH 86250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 5-14 May
4. Place of Birth, (Street and Number) 155 Beardsley
5. Full Name of Mother, Mary J. Wise
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas Johnson
9. Father's Occupation, Stevedore
10. Father's Birthplace, Virginia
Name of Medical Attendant, or other Person who makes this Return Minty Taylor
Address, 755 - Pine St
Remarks,



RETURN OF A BIRTH

86251

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Lythia Marie Sessions

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 110 Howard St

Remarks,

female

White

5th May 1886

Cross St + Market Avenue

Maria Sessions

" Parsons

Baltimore

Samuel H. Sessions

Fish Dealer

Baltimore

AWK & Co. Inc.

GIVEN NAME ADDED. 6-26-53

L.M.



RETURN OF A BIRTH. ⁸⁶²⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth May 6th 1884

Place of Birth, (Street and Number) 12 Morris Alley

Full Name of Mother, Alice Wilson

Mother's Maiden Name, Alice Brown

Mother's Birthplace, Baltimore, Md.

Full Name of Father, Francis Wilson

Father's Occupation, Waiter

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Hester Motance

Address, 39 Commemorative Street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of not less than \$10, nor more than \$50, for each offence to be recovered as other fines and forfeitures are recoverable.

862.53

duty of the parent or parents in this case is to support within the period above required, except in the case of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
MAY 7 1886
BALTIMORE MD.
C. C. Smith

Genl.

W. White

May 5/91

86
205-24

Sarah Goldstern

Sarah Ginder

Russia

Kyssa
Gusta Goldschmidt

U.S. &
Pub. Co.

Reiser

Mr R L Goldman

Attendant, or other Person who makes this Return

GIVEN NAME ADDED. 5-13-52

RETURN OF A BIRTH 86254

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*
Sex, (state whether male or female) *Female*
Race or Color, (if not of the white race) *White*
Date of Birth, *May 5th*
Place of Birth, (Street and Number) *N 192 Breunant Ave*
Full Name of Mother, *Mrs Jennie K. Klinefelter*
Mother's Maiden Name, *Jennie Anderson*
Mother's Birthplace, *Baltimore Md.*
Full Name of Father, *Mr. Jeremiah Klinefelter*
Father's Occupation, *Stone Cutter*
Father's Birthplace, *York County Pa.*
Name of Medical Attendant, *Mrs. E. A. White.*
or other Person who makes this Return
Address, *No 130 Harford Ave*
Remarks,



RETURN OF A BIRTH 86255

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 3-1886
4. Place of Birth, (Street and Number) 203 Clifton place, near Eager st
5. Full Name of Mother, Mrs Jenkins
6. Mother's Maiden Name, Don't know
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Jenkins
9. Father's Occupation, clk
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, Arthur Attinson M.D.
- Address, 119 N. Charles st
- Remarks,

RETURN OF A BIRTH ⁸⁶²⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 5th. 1886
4. Place of Birth, (Street and Number) 82 Duane Alley
5. Full Name of Mother, Lila Simpson
6. Mother's Maiden Name, Lila Cather
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, John Simpson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, M. A. Burt
- Address, 185 S. E. cor. Central av. & Monument St.
- Remarks, Well

or person who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of \$100, or imprisonment for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 5th 18

4. Place of Birth, (Street and Number) Baltimore City 612 N. Fayette St

5. Full Name of Mother, Lottie Keller

6. Mother's Maiden Name, Edel

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick J Keller

9. Father's Occupation, Lack Smith

10. Father's Birthplace, Rumanian (Rumania)

Name of Medical Attendant, or other Person who makes this Return

Mrs Dunder

Address,

90 North Schuader St

Remarks,



in other person
the day of the
and any such person
shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 5th 1886

4. Place of Birth, (Street and Number) 30 Nantux Alley

5. Full Name of Mother, Mrs. Priscilla Jones

6. Mother's Maiden Name, Mrs. Priscilla Jimm

7. Mother's Birthplace, West River Md

8. Full Name of Father, John H. Jones

9. Father's Occupation, market house Congrist

10. Father's Birthplace, West River Md

Name of Medical Attendant, or other Person who makes this Return. Lucy Cornish

Address, 13 Falls

Remarks, 13 Jordan Alley City



report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 5

4. Place of Birth, (Street and Number)

701 Barre st.

5. Full Name of Mother,

Mollie Loney

6. Mother's Maiden Name,

Giese

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Charles B. Loney

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

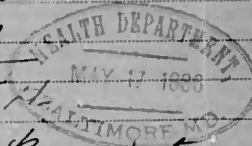
C. L. Batten John Hall

Address,

166 S. Clara st.

Remarks,

Name of child Charles Giese Loney



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 27th 1886

4. Place of Birth, (Street and Number)

326 N. Carroll

5. Full Name of Mother,

Pauline Krapp

6. Mother's Maiden Name,

Stengel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Krapp

9. Father's Occupation,

Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. W. Alderson

Address,

2407 Caroline Street

Remarks,

For each offense to be recovered as other fine and forfeiture are recoverable.

RETURN OF A BIRTH

86261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1886

4. Place of Birth, (Street and Number) 303 Durham

5. Full Name of Mother, Mary Feser

6. Mother's Maiden Name, Mary Sedlak

7. Mother's Birthplace, Bohemia

8. Full Name of Father, James Feser

9. Father's Occupation, Painter

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kiptosh

Address, 624 Washington St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who fail to do so shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female - Margaret Runk
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5 May
4. Place of Birth, (Street and Number) 46 St. Eden St.
5. Full Name of Mother, Annie (Simpson) Sampson
6. Mother's Maiden Name, " (Rau) Rauch
7. Mother's Birthplace, Europe
8. Full Name of Father, John (Simpson) Thomas Sampson
9. Father's Occupation, cooper
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Mrs. Rose Ulbig
or other Person who makes this Return.
- Address, 48 Hollard St
- Remarks, Baltimore

RETURN OF A BIRTH ¹⁸⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 6. '86

4. Place of Birth, (Street and Number) 5 Clayton Row

5. Full Name of Mother, Josephine Fairfax

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Maryland

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return

Address, _____

Remarks, _____



Wm. Chauncey M.D.
181 Linden Av

any in the period or parents of such child to report its birth to the Board of Health, in the manner, and within the period, place required, except in the cases of the births and deaths of illegitimate children, and any person or persons who neglects or refuses to do so, shall be liable to a fine not exceeding \$100, and to a term of imprisonment not exceeding 30 days, or both, at the discretion of the court.

RETURN OF A BIRTH ⁸⁶²⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 6th 1886

4. Place of Birth, (Street and Number)

200 Eastern Ave.

5. Full Name of Mother,

Caroline O'Connor

6. Mother's Maiden Name,

O'neis

7. Mother's Birthplace,

City

8. Full Name of Father,

James O'Connor

9. Father's Occupation,

Machinist

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Elizabeth Betsy

Address,

120 Bank St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

Mrs R Goldsmith

Address.

Remarks,



reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶²⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Charity Senby

6. Mother's Maiden Name, Charity Beriscol

7. Mother's Birthplace, St. Mary Co. Md.

8. Full Name of Father, Charles Senby

9. Father's Occupation, Writer

10. Father's Birthplace, West River Md.

Name of Medical Attendant, or other Person who makes this Return. Thos. Holmes

Address, 38 E. Monument St.

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 6th May 1886

4. Place of Birth, (Street and Number) No 76 Fort Ave

5. Full Name of Mother, Luvonia Simmons

6. Mother's Maiden Name, Luvonia Rotten

7. Mother's Birthplace, Dorchester County Md

8. Full Name of Father, Samuel Simmons

9. Father's Occupation, Carpenter

10. Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return, Catherine Hennessey

Address, No 18 Byrd St

Remarks,



to be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 4 1886

4. Place of Birth, (Street and Number) 602 N. E. Baltimore St.

5. Full Name of Mother, H. M. M. M.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M. M.

9. Father's Occupation, Insurance

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Arnold, B. M.

Address, 657 S. Light St.

Remarks,



report the birth to the Commissioner of Health, in the manner and to the effect required by this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶²⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 6th 1886

4. Place of Birth, (Street and Number) No 5 Pentapico St.

5. Full Name of Mother, Mary Fink

6. Mother's Maiden Name, Mary Roder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Fink

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Catherine Hanning

Address, No 18 Boyd St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 6. 1886

4. Place of Birth, (Street and Number)

65 Jefferson St.

5. Full Name of Mother,

Rebecca Dickson

6. Mother's Maiden Name,

Rebecca Groso

7. Mother's Birthplace,

Washington

8. Full Name of Father,

Rob. Dickson

9. Father's Occupation,

Barber

10. Father's Birthplace,

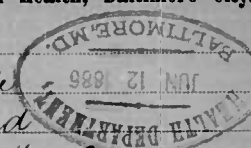
Massachusetts

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, 185 E. cor Central av. & Monument St.

Remarks, M



the mother, investigating themselves, it shall then become the duty of the board or persons of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, such offence to be recovered as other civil penalties are recoverable.

RETURN OF A BIRTH⁸⁶²⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

17
female
white
May 6/86
157 Columbia Ave
Rachel Sparrow
Rachel
Baltimore
John Sparrow
Foreman
Baltimore
Charlotte A Lewis
162 Hammer st

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

862 272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

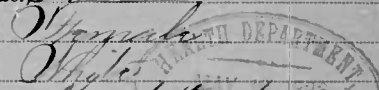
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
White
May 6, 1886
114 West St.
Sophia Hutton
J. Payer
Baltimore
James Hutton
Carriage Driver
Baltimore
Wendell C. H. Hall
114 West St.

RETURN OF A BIRTH ⁸⁶²⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Balt Md May 8th 1886*

4. Place of Birth, (Street and Number) *226 South Dallas St.*

5. Full Name of Mother, *Sophia Kampke*

6. Mother's Maiden Name, *Sophia Pohle*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Adolph Kampke*

9. Father's Occupation, *Labarer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mary Amend.*

Address, *137 South Wolfe St.*

Remarks, *C77*

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be liable to a fine of ten dollars for each offense to be recovered in other laws and forfeitures are recoverable.

Report is birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances may require.

RETURN OF A BIRTH ⁸⁶²⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 6th 1886*

4. Place of Birth, (Street and Number) *corner of Randall and*

5. Full Name of Mother, *Mary Sykes*

6. Mother's Maiden Name, *Mary Hutton*

7. Mother's Birthplace, *Baltimore city md*

8. Full Name of Father, *James Sykes*

9. Father's Occupation, *Store Keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *E. Hinton*

Address, *No 688 South Charles St*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 6 of May 1886*

4. Place of Birth, (Street and Number) *No 77 Center above Eager*

5. Full Name of Mother, *Emma Eavis*

6. Mother's Maiden Name, *Emma Kougholz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edall Eavis*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mer Ch Sauer*

Address, *No 178 Naylor Ave*

Remarks, *Baltimore Md*

1886

RETURN OF A BIRTH ⁸⁶²⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 6*

4. Place of Birth, (Street and Number) *# 8 Ridgely St*

5. Full Name of Mother, *Mary Lacher*

6. Mother's Maiden Name, *Schultz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Lacher*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Brook*

Address, *# 308 S. Eutaw St*

Remarks,



Report the birth of the child, and the name of the mother, to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, and under the penalty, provided in the cases of illegitimate children, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁹⁶²⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 6 1886

4. Place of Birth, (Street and Number)

325 Division

5. Full Name of Mother,

Elizabeth Duvst

6. Mother's Maiden Name,

Seake

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

George A. Duvst

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

J. H. Christian M.D.

Address,

506 Madison Ave

Remarks.



RETURN OF A BIRTH ⁵⁶²⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

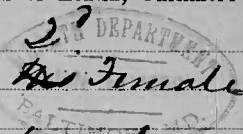
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female

May 8

1435 Pauls St

Eugenio Harris

Harris

Canada

John J Harris

Salesman

Balt.

A. M. Wilson

257 Mad Ave

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 86279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 May 1883

4. Place of Birth, (Street and Number) 132 N. Calverly St

5. Full Name of Mother, Barbara Studnick

6. Mother's Maiden Name, Barbara Niet

7. Mother's Birthplace, Bohemia

8. Full Name of Father, James Studnick

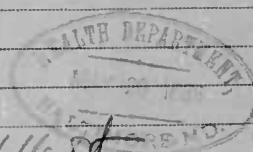
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, May Medical

Address, 69 N. Calverly St

Remarks,



RETURN OF A BIRTH. 86280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth May 6th 1886

4. Place of Birth, (Street and Number) Philpot St.

5. Full Name of Mother, Rebecca Frederick

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Frederick

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter St.

Remarks,



to part time who shall hereafter fill a vacancy in the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

of persons who shall hereafter fall in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 7th 1886

4. Place of Birth, (Street and Number) 179 S. Baltimore St.

5. Full Name of Mother, Maggie Goettman

6. Mother's Maiden Name, Regus

7. Mother's Birthplace, City

8. Full Name of Father, Jacob Goettman

9. Father's Occupation, Carter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this return Mrs. Elizabeth Betz

Address, 120 Bank St.

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 122

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 7, 1896

4. Place of Birth, (Street and Number) 229 Madison St. Baltimore, Md.

5. Full Name of Mother, Rachel E. Smith

6. Mother's Maiden Name, H. Smith

7. Mother's Birthplace, Anna & Mary

8. Full Name of Father, William E. Smith

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, Wm. H. Smith

Address, 72 Maryland St.

Remarks,

RETURN OF A BIRTH

86283

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 7 1886

4. Place of Birth, (Street and Number) 146 Hughes St.

5. Full Name of Mother, Johanna Farrell

6. Mother's Maiden Name, Ryan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Farrell

9. Father's Occupation, gas fitter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough

Address, 320 Montgomerly St.

Remarks,

report is birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 7th 1888

4. Place of Birth, (Street and Number) No 548 Hanover St

5. Full Name of Mother, Mollie Luchlider

6. Mother's Maiden Name, Mollie Gettle

7. Mother's Birthplace, Tellersman West Va

8. Full Name of Father, George Luchlider

9. Father's Occupation, Freight Conductor B&O

10. Father's Birthplace, Brookville Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 688 South Charles St

Remarks, Premature Birth

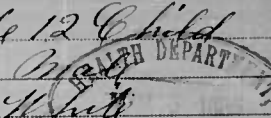
or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 12 Child*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *The 7 of May 1886*
- Place of Birth, (Street and Number) *No 164 Hazard Cuf*
- Full Name of Mother, *Wate Brunning*
- Mother's Maiden Name, *Wate Rosemer*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Marcus Brunning*
- Father's Occupation, *Cabinet maker*
- Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *Mr Ch Lauer*
- Address, *No 173 Hazard Cuf*
- Remarks, *Bal 164*
1886



RETURN OF A BIRTH

86286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 7 1886

4. Place of Birth, (Street and Number)

326 Hamburg St.

5. Full Name of Mother,

Caroline Wideman

6. Mother's Maiden Name,

Soubert

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Henry Wideman

9. Father's Occupation,

Porter

Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

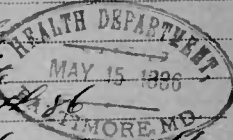
Mary Hook

Address,

328 Gentian St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH ⁸⁶²⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 7 1886.

4. Place of Birth, (Street and Number) 36 Salem St.

5. Full Name of Mother, Johanna C. Moore

6. Mother's Maiden Name, William

7. Mother's Birthplace, S.E. Marys Co. Md.

8. Full Name of Father, Wm C. Moore

9. Father's Occupation, Car Driver

10. Father's Birthplace, Dorchester Co. Md

Name of Medical Attendant, or other Person who makes this Return W. Christian M.D.

Address, 506 Mad. Ave.

Remarks, _____



copy of this record or certificate as may be required to report the birth to the State of Maryland, at two months, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 86288

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 4th

4. Place of Birth, (Street and Number)

McKinnis St. No 90

5. Full Name of Mother,

Virginia D Gordon

6. Mother's Maiden Name,

Virginia D Parker

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

George Gordon

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return

Sarah Woodson

Address,

120 Greenmount ave

Remarks,



RETURN OF A BIRTH. ⁸⁶²⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ^{4th}

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *#45 Green St.*

4. Place of Birth, (Street and Number) *May 7th 1886*

5. Full Name of Mother, *Alice Popp*

6. Mother's Maiden Name, *Kamp*

7. Mother's Birthplace, *Balti. Md.*

8. Full Name of Father, *John Popp*

9. Father's Occupation, *Restaurant*

10. Father's Birthplace, *Balto Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



*Mrs. Anna Hillegust
#120 Monument St.*

Report for birth to the Commissioner of Health, in the manner and form prescribed, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other time and forfeitures are recoverable.

RETURN OF A BIRTH 86290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 7 - 1886

4. Place of Birth, (Street and Number) 108 - N. Gay St.

5. Full Name of Mother, Lily Reiley

6. Mother's Maiden Name, Kelbaugh

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Reiley

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E. Pratt St.

Remarks,

RETURN OF A BIRTH ⁸⁶²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 7, 1886*

4. Place of Birth, (Street and Number) *5. Rowe St.*

5. Full Name of Mother, *Mary Cowalt*

6. Mother's Maiden Name, *Mary Holisman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Louis Cowalt*

9. Father's Occupation, *Cannemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mar. L. Swaine*

Address, *59 Luzerne St.*

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars nor more than twenty dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 86292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 7 May

4. Place of Birth, (Street and Number) 294 N. Gay St.

5. Full Name of Mother, Regina Jacobs

6. Mother's Maiden Name, Stiebel

7. Mother's Birthplace, Europe

8. Full Name of Father, Nathan Jacobs

9. Father's Occupation, Clerk

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rose Ullig

Address,

48 Holland St

Remarks,

Balt. Md.

Persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 8th 1885
4. Place of Birth, (Street and Number) 54 S. Chester
5. Full Name of Mother, Ellen Virginia Ferguson
6. Mother's Maiden Name, Pritchett
7. Mother's Birthplace, City
8. Full Name of Father, George Albert Ferguson
9. Father's Occupation, Pilot
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return, E. P. Burns M.D.
- Address, 375 E. Balto. St.
- Remarks, _____



report the birth to the Commissioner of Health in its name, and within the period above required, and if the person so required to report the birth to the Commissioner of Health, or any other person, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{862.95}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 8th 1886

4. Place of Birth, (Street and Number)

54 S. Wolf St.

5. Full Name of Mother,

Magdalen Behrens

6. Mother's Maiden Name,

Raumauer

7. Mother's Birthplace,

City

8. Full Name of Father,

Jacob Behrens

9. Father's Occupation,

Sigar maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betz

Address,

120 Bank St.

Remarks,

Person who fills out this form shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 3-7-53
RETURN OF A BIRTH

86296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Rosalie Meta Sophie Siem

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Second
Female
White
May 8th, 1886.

No. 37 Lee St. Siem

Theresa Amelia Rosa Siem

Sinkenbring.

West Prussia.

Henry Gerhardt Siem

Clerk.

Germany.

Louis W. Knight M.D.

112 N. Green St.

RETURN OF A BIRTH 86297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 1046

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) ~~May 8 1886~~ White

3. Date of Birth, May 8 1886

4. Place of Birth, (Street and Number) 361 North Charles St Baltimore

5. Full Name of Mother, Pauline virginia Magher

6. Mother's Maiden Name, Wick

7. Mother's Birthplace, North Caroline

8. Full Name of Father, Michael Meagher

9. Father's Occupation, Merchant

10. ☒ Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this return I W. W. W.

Address, 120 Greenmount Ave

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable, and any such person

RETURN OF A BIRTH ⁸⁶²⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *May 8th 1886*

4. Place of Birth, (Street and Number) *77 Jasper St*

5. Full Name of Mother, *Florence Mason*

6. Mother's Maiden Name, *Bowser*

7. Mother's Birthplace, *Richmond Co., Va.*

8. Full Name of Father, *John Mason*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



or person who shall hereafter fill in compliance with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶²⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, May 7th 1886

4. Place of Birth, (Street and Number) No. 16. Cadogan St.

5. Full Name of Mother, Mary Thomas

6. Mother's Maiden Name, Robert

7. Mother's Birthplace, Walter M. L.

8. Full Name of Father, George Thomas

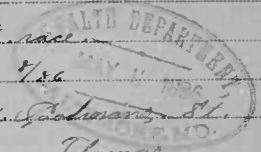
9. Father's Occupation, Painter

10. Father's Birthplace, Walter M. L.

Name of Medical Attendant, or other Person who makes this Return, Amie. Jones

Address, 634. Light St.

Remarks,



RETURN OF A BIRTH 86300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Ruth J.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, eight day

4. Place of Birth, (Street and Number) place of birth

5. Full Name of Mother, Laura Klages

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Klages

9. Father's Occupation, sea captain

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Chas. Wiley

Address, No 12 Patterson

Remarks, Path in

If person is not a resident of Baltimore, and is not a citizen of the United States, the fee of ten (10) dollars for each return to be recovered as other fees and birth fees are recoverable.

RETURN OF A BIRTH 86301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: *William Lloyd Gilmore*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. ☒ (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 8th 1886

4. Place of Birth, (Street and Number)

to 104 Park Avenue

5. Full Name of Mother,

Mary Key Gilmore

6. Mother's Maiden Name,

Mary Lloyd Key

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Gilmore

9. Father's Occupation,

Railroading

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return

N. P. Wilson

Address,

146 Park Avenue

Remarks,

Persons who are not duly qualified, who fill in copies of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 8th 1896

4. Place of Birth, (Street and Number) 211 Largeto alley

5. Full Name of Mother, Annice Hickey

6. Mother's Maiden Name, Annice Hoffmann

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Charles Hickey

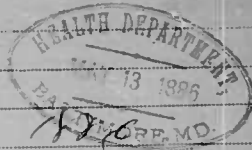
9. Father's Occupation, Stone Keeper

10. Father's Birthplace, Balto Md

Name of Medical Attendant, Mrs A Messenger
or other Person who makes this Return.

Address, 123 Prosser St

Remarks, _____



any of the parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of children born to parents who are non-residents of the city, and who are subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ^{P. 303}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 8th 1886

4. Place of Birth, (Street and Number)

164 N. Schroeder

5. Full Name of Mother,

Bertha Adalaid Bond

6. Mother's Maiden Name,

Phies

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Geo. W. Bond

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return

W. Christian M.D.

Address,

506 Madison Ave.

Remarks,

RETURN OF A BIRTH.

86304

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sept (5)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 8-86

4. Place of Birth (Street and Number)

E. Biddle St. near Union

5. Full Name of Mother

Benjamin Casey

6. Mother's Maiden Name

Ellis

7. Mother's Birthplace

Lucine Jones & Co

8. Full Name of Father

Samuel R. Casey

9. Father's Occupation

Police Officer

Father's Birthplace

Queen Anne's Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

E. Hall

Address

101 N. Broadway

Remarks

within the period above required, except in the cases of the births and deaths of persons who shall hereafter fall in compliance with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶³⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Northampton

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 8

4. Place of Birth, (Street and Number) South 4th 46 Between Lombard

5. Full Name of Mother, Frazer Jones

6. Mother's Maiden Name, Frazer Louise

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Jones

9. Father's Occupation, Marble Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, 614 N. 2nd St. Bet. Lombard and Turner

Remarks, _____

RETURN OF A BIRTH ⁸⁶³⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 2th, 1896*

4. Place of Birth, (Street and Number) *12 - S. Trich*

5. Full Name of Mother, *Charles J. ...*

6. Mother's Maiden Name, *Miss Florence Holliday*

7. Mother's Birthplace, *Richmond, Va.*

8. Full Name of Father, *John Henry C. ...*

9. Father's Occupation, *Mechanics*

10. Father's Birthplace, *Laurel, Md.*

Name of Medical Attendant, or other Person who makes this Return, *Dr. ...*

Address, *...*

Remarks, *...*



for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 8th

4. Place of Birth, (Street and Number)

13 N. Arlington Ave

5. Full Name of Mother,

Grace Waltherhoefer

6. Mother's Maiden Name,

" Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Waltherhoefer

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opi M.D.

Address,

179 N. Howard St

Remarks,

For each return a fee of ten cents shall be paid to the Registrar, and in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each return to be recovered as other fines and forfeitures are recoverable.

For each offense to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

86308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 5 of May 1885

4. Place of Birth, (Street and Number)

No 19 Hope Street

5. Full Name of Mother,

Mary Denny

6. Mother's Maiden Name,

Mary Mc Kinn

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William Denny

9. Father's Occupation,

Household

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm Ch Lane

Address,

No 173 Maryland Ave

Remarks,

Baltimore Med.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

^{7th} Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Saturday Dec. 8

3. Date of Birth,

285 Holmes St 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Laura M. Keefe

6. Mother's Maiden Name,

Laura M. Schaefer

7. Mother's Birthplace,

No. 18 Carlton Avenue St

8. Full Name of Father,

John D. Keefe

9. Father's Occupation,

Butter Dealer

10. Father's Birthplace,

Madison St

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

21 N. Poppleton St

Remarks,

RETURN OF A BIRTH ⁸⁶³¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th May 1886

4. Place of Birth, (Street and Number) 410 Interstate St. Md.

5. Full Name of Mother, Mary Zimmerman

6. Mother's Maiden Name, Mrs. Jansschke

7. Mother's Birthplace, Germany

8. Full Name of Father, Robert Zimmerman

9. Father's Occupation, Carer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Shuntz

Address, 21 N. Poppleton St.

Remarks,

RETURN OF A BIRTH 86311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Anthony A. Lehmann*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 8th.

4. Place of Birth, (Street and Number)

44 Nanticoke St.

5. Full Name of Mother,

Margaret Lehmann

6. Mother's Maiden Name,

Wich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton A. Lehmann

9. Father's Occupation,

Watch maker

10. Father's Birthplace,

Cincinnati

Name of Medical Attendant, or other Person who makes this Return.

G. L. Buddenbourn

Address,

166 S. Paca St.

Remarks,

for each office to be recovered as other areas and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3d} *3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *8th May 1886*

4. Place of Birth, (Street and Number) *354 Dallas st Bal-*

5. Full Name of Mother, *Mary Plantholt*

6. Mother's Maiden Name, *Mary Anna Beuchner*

7. Mother's Birthplace, *Bal-*

8. Full Name of Father, *Joseph Plantholt*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Julia Groom*

Address, *466 N Gay st Bal-*

Remarks,

be in attendance upon the mother, and report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 863 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *8th May 1886.*

4. Place of Birth, (Street and Number) *No 23 Belvidere Place.*

5. Full Name of Mother, *Bridget Thorne.*

6. Mother's Maiden Name, *Bridget Glenn.*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *David Thorne.*

9. Father's Occupation, *Master*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. E. Suback*

Address, *No. 478 N Pratt.*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

863.14

report its birth to the commander of the post. If the provisions of this section, shall be subjected to the fine of ten (10) dollars for persons who shall hereafter fail to comply with the provisions of this section, and forfeitures are recoverable.

22 d

Male

May 9th 1886

63 Bank of

Maria Dekret

Protest

city

John F. Depret

Herb Doctor

Frank

Mrs Elizabethte Belz

120 Bank St.

Remarks,

86315

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Female

Sept

9th May 1886

46. E. Collins Street.

Emma Simpson

Emma Leary

Baltimore

Jack Simpson

Bricks Layer

Baltimore

Mrs. Lu. Hill, Hildesheim

43. P. Castle Street.

.....

RETURN OF A BIRTH ⁸⁶³¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh (11th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 7th, 1886

4. Place of Birth, (Street and Number)

No. 104 South Broadway St.

5. Full Name of Mother,

Mrs. Mary Elizabeth Saylor

6. Mother's Maiden Name,

Mrs. Mary E. Sauerhoff

7. Mother's Birthplace,

Baltimore, Maryland

8. Full Name of Father,

Mrs. James W.W. Saylor Jr.

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Glenderson M.D.

Address,

No. 102 North Broadway

Remarks,

report the birth to the Commissioner of Health, in the manner and form provided for this purpose, and for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

86317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



May 9/86

157 Eastern Ave

Minna Pasi

Pfaff

Baltimore

John Pasi

Restaurant

England

Mrs. Louise Kraft

142 S. Washington

RETURN OF A BIRTH.

86318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Eighth -

1. Sex (state whether Male or Female)

Female -

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 9, 1886 - (67-266)

4. Place of Birth (Street and Number)

211 N. Carey St -

5. Full Name of Mother

Anna C. Reese

6. Mother's Maiden Name

Anna C. Craig

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

William P. Reese

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

C. H. Holbrook, M.D.

Address

185 N. Carey St.

Remarks



Report of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 9 of May 1886*

4. Place of Birth, (Street and Number) *No 107 Cedar St.*

5. Full Name of Mother, *Amelia Sanford*

6. Mother's Maiden Name, *Amelia Sanders*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Sanford*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Ch. Sauer*

Address, *No 107 Weyford Ave*

Remarks, *Baltimore Md*

1885

Report in each of the foregoing sections, and in the section for the name of the child, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 9th 1886
4. Place of Birth, (Street and Number) 56 President St.
5. Full Name of Mother, Bertha Apple
6. Mother's Maiden Name, Kasz
7. Mother's Birthplace, Germany
8. Full Name of Father, Mathias Apple
9. Father's Occupation, Sawyer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, J. Schwarz midwife
Address, 330 Kanover St.
Remarks,

Report this birth to the Registrar of Vital Statistics, Baltimore City, with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 9th 1886

4. Place of Birth, (Street and Number)

1251 Henrietta St.

5. Full Name of Mother,

Henrietta Hinning

6. Mother's Maiden Name,

Dieckmann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herrman Hinning

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schwaeser midwife

Address,

331 Hanover St.

Remarks,

RETURN OF A BIRTH ⁸⁶³²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 9th 1886

4. Place of Birth, (Street and Number) 3d Madison City

5. Full Name of Mother, Emma Walters

6. Mother's Maiden Name, Emma Walters

7. Mother's Birthplace, Fredrick Md

8. Full Name of Father, John Mathews

9. Father's Occupation, Coachman

10. Father's Birthplace, Sixardine Va

Name of Medical Attendant, or other Person who makes this Return, Heater Motenice

Address, 39 Leinster St

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Wk.

3. Date of Birth, May 9

4. Place of Birth, (Street and Number) E. Edger

5. Full Name of Mother, Antonie Levy

6. Mother's Maiden Name, " Hranac

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Venceslav Levy

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Josephine Conant

Address, 20 Barnes St

Remarks,



RETURN OF A BIRTH 8.6324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 4/86

4. Place of Birth, (Street and Number) 125 S. Spring St

5. Full Name of Mother, Emma Eckert

6. Mother's Maiden Name, Feldner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Eckert

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Louise Kraft

Address, 142 S. Washington St

Remarks,

For each return, a fee of ten cents is required, and for each person, a fee of ten cents is required, and for each person, a fee of ten cents is required.

RETURN OF A BIRTH ⁸⁶³²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th.*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 9th. 1886*

4. Place of Birth, (Street and Number) *246 Howard St.*

5. Full Name of Mother, *Maria Bum*

6. Mother's Maiden Name, *Maria Frankle*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charlie Buttr*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Buttr*

Address, *185 S.E. cor. Centre av. & Monument St.*

Remarks, *Well*



for each return to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, May 9th

4. Place of Birth, (Street and Number) 726 N. Baltimore St. Balt. Md.

5. Full Name of Mother, Mrs. J. Schaefer

6. Mother's Maiden Name, Jeta Virginia Wade

7. Mother's Birthplace, Balt. City State of Maryland

8. Full Name of Father, John J. Schaefer

9. Father's Occupation, Commercial Traveller

10. Father's Birthplace, N. York City N.Y.

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N. Poppleton St

Remarks, —

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Female Rebecca*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *9 May 1886*

4. Place of Birth, (Street and Number) *Harrison St 45*

5. Full Name of Mother, *Lilla Polak*

6. Mother's Maiden Name, *L. Fraidman*

7. Mother's Birthplace, *Angelland*

8. Full Name of Father, *Joseph Polak*

9. Father's Occupation, *Clark*

Father's Birthplace, *Shrovide*

Name of Medical Attendant, or other Person who makes this Return, *E. Sharman*

Address, *Albemarle st n 26*

Remarks,



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *9 Mai 1886*

4. Place of Birth, (Street and Number) *E Pratt st #124*

5. Full Name of Mother, *Bertha Schwartz*

6. Mother's Maiden Name, *B. Vulph*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Issach Schwartz*

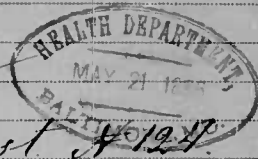
9. Father's Occupation, *Tailor*

Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *E. Schorman*

Address, *Albemarle st #26*

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 10th 1886*

4. Place of Birth, (Street and Number) *Harriett Alley, east of*

5. Full Name of Mother, *Sarah Goodwin*

6. Mother's Maiden Name, *Sarah Jones*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Edward Goodwin*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sarah Sullens*

Address, *1041 Curleys Street*

Remarks,

for each offense to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH 86830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 10th 1886*

4. Place of Birth, (Street and Number) *No 8 Canton street*

5. Full Name of Mother, *Mary J. Skanerathys*

6. Mother's Maiden Name, *Mary J. Oconnor*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Michael Skanerathys*

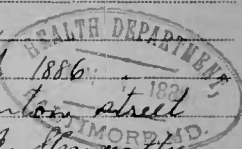
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

11. Name of Medical Attendant, or other Person who makes this Return. *Mrs Sarah Pullen*

Address, *104 Burley street canton*

Remarks,



RETURN OF A BIRTH ⁸⁶³³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 10. 1886

4. Place of Birth, (Street and Number)

Hubert St

5. Full Name of Mother,

Kennie L Jeffers

6. Mother's Maiden Name,

Kennie L Goodman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Jeffers

9. Father's Occupation,

Labour

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mrs Etzel

Address,

13 Cuba St

Remarks,

On persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH.

86332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 10th

4. Place of Birth (Street and Number)

359 Saratoga St

5. Full Name of Mother

Clara Griffin

6. Mother's Maiden Name

" Delphia

7. Mother's Birthplace

Carroll Co Maryland

8. Full Name of Father

Harry Griffin

9. Father's Occupation

Cigar Maker

Father's Birthplace

Balt Co Maryland

Name of Medical Attendant,

or other Person who
makes this Return.

Frank J. Gumen and

Address

187 Saratoga St.

Remarks



Printed and Published by the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH 86333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 10th. 1886

4. Place of Birth, (Street and Number)

67 Williment St.

5. Full Name of Mother,

Mary Holland

6. Mother's Maiden Name,

Mary Jacks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. Holland

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

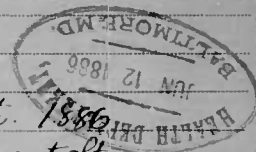
Name of Medical Attendant, or other Person who makes this Return.

W. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, Well

for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH ⁸⁶³³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 10th 1886

4. Place of Birth, (Street and Number)

418 E. Clare st

5. Full Name of Mother,

Francis Moore

6. Mother's Maiden Name,

" Dahl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry C. Moore

9. Father's Occupation,

Physician

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

James E. Whitford M.D.

Address,

14 S. Lexington st

Remarks,

This was premature Birth 6 mo 10 days gestation
Fortun lived 45 minutes

Within the period above required, every in the case of the birth and death of a child, and every person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶³³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 11 1886

4. Place of Birth, (Street and Number) 109 E. North St.

5. Full Name of Mother, Mary E. Dinkins

6. Mother's Maiden Name, Mary E. Young

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Dinkins

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Susan Morgan

Address, 47 N. Durham St.

Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian Race

3. Date of Birth,

May 11, 1886

4. Place of Birth, (Street and Number)

270 Pullis St

5. Full Name of Mother,

Sarah Mitchell Holland

6. Mother's Maiden Name,

Sarah Mitchell

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

James Holland

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Wolford

Address,

130 Register St

Remarks,

or persons who will comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 10 - 1886*

4. Place of Birth, (Street and Number) *280 Franklin*

5. Full Name of Mother, *Mary A. Nugent*

6. Mother's Maiden Name, *Mary A. Guzman*

7. Mother's Birthplace, *New York State - at Troy*

8. Full Name of Father, *William A. Nugent*

9. Father's Occupation, *Accountant*

10. Father's Birthplace, *Cohoes N.Y.*

Name of Medical Attendant, or other Person who makes this Return, *Susan Shuster*

Address, *21 N. Poppleton St.*

Remarks,



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 5 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth *the 10. of May. the year 1886*
4. Place of Birth, (Street and Number) *1612. Harward Street*
5. Full Name of Mother, *Sarah Willson*
6. Mother's Maiden Name, *Sarah gentle*
7. Mother's Birthplace, *bolivar county*
8. Full Name of Father, *John Willson*
9. Father's Occupation, *Stone mason*
10. Father's Birthplace, *Choptank*
- Name of Medical Attendant, or other Person who makes this Return, *Willson Green*
- Address, *1st York Street*
- Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Of persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each address to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-1-56

RETURN OF A BIRTH 86339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Lee Jones
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 10th 1886*

4. Place of Birth, (Street and Number) *446 S Bond St*

5. Full Name of Mother, *Sarah Jones*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Stephen Jones*

9. Father's Occupation, *Water man*

10. Father's Birthplace, *Dorchester County*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Hannah E. Jones*

Address, *44 S Bond St*

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 86340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) Colored.
 3. Date of Birth May 16th 1886
 4. Place of Birth, (Street and Number) 96 Chestnut St.
 5. Full Name of Mother, Lizzie Queen.
 6. Mother's Maiden Name, Lizzie Lloyd.
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, John Queen.
 9. Father's Occupation, Brick Burner.
 10. Father's Birthplace, Baltimore City.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Rough.
- Address, 122 Chestnut St.
- Remarks,



Persons born in Baltimore, Md., and who are not citizens of the United States, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 86341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th of May

4. Place of Birth, (Street and Number) 3 Boyer St.

5. Full Name of Mother, Sarah Wagner

6. Mother's Maiden Name, Kathy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Wagner

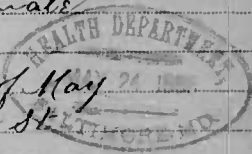
9. Father's Occupation, Grocery store

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Quimper

Address, 72 E. Lombard

Remarks,



RETURN OF A BIRTH ⁸⁶³⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 10 May

4. Place of Birth, (Street and Number) 216 St. Gay St.

5. Full Name of Mother, Fannie Rosenberg

6. Mother's Maiden Name, " Marshofsky

7. Mother's Birthplace, Poland

8. Full Name of Father, Morris Rosenberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs Rose Ulbig

48 Halland St

Balt.

for each offense to be recovered as other 'nms and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶³⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) _____
3. Date of Birth May 10th 1886
4. Place of Birth, (Street and Number) 56 Payson St.
5. Full Name of Mother, Katharina Kasakatis
6. Mother's Maiden Name, Horn
7. Mother's Birthplace, Alsfeld (Germany)
8. Full Name of Father, Hermann Kasakatis
9. Father's Occupation, Saloonkeeper
10. Father's Birthplace, Dorf Altwelt (Germany)
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Seebach
- Address, No. 439 W. Pratt
- Remarks, _____

Report the birth to the Commissioner of Health, at the time of the birth, or within ten days thereafter, and file a copy of this return with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

86344

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4 ch

Cephalopoda

White

10th May 1884

19 Ramsey, 9/14

Augusta, ~~Sept~~ ^{Oct} 3 1886

Handoff

Baltimore

Martin J. Hipple

Sailor

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

report to birth in the Commissioner's office, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶³⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 10th

4. Place of Birth, (Street and Number) 408 Mulberry St

5. Full Name of Mother, Catherine Carl

6. Mother's Maiden Name, Klein

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, August Carl

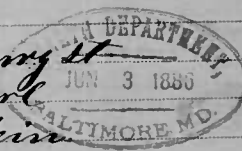
9. Father's Occupation, Shoe Case Mfg

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Seebach

Address, No 439 West Pratt St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth May 10th 1886

4. Place of Birth, (Street and Number) 91 Albemarle St.

5. Full Name of Mother, Mary Elkan St.

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Elkan

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. P. Bernstein

Address, 49 S. Exeter St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH. 86347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht.

3. Date of Birth May 11. 1886

4. Place of Birth, (Street and Number) 41 Retreat St

5. Full Name of Mother, Lilly M Roth

6. Mother's Maiden Name, " " Gleason

7. Mother's Birthplace, Penna

8. Full Name of Father, Wm B Roth

9. Father's Occupation, butcher

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return.

G Lane Janyard

Address,

219 Madison Ave.

Remarks,



Report the birth to the Commissioner of Health in the manner and within the time specified in this section, and for each offence be liable to a fine of ten (10) dollars.

Reporters, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11

4. Place of Birth, (Street and Number) Bellair

5. Full Name of Mother, Maria Lipa

6. Mother's Maiden Name, Kotalik

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Karel Lipa

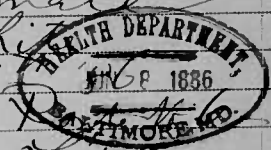
9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,



RETURN OF A BIRTH. 86349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. C.

3. Date of Birth May 11 1886

4. Place of Birth, (Street and Number) 166 So. Broadway

5. Full Name of Mother, Emma V. Walters

6. Mother's Maiden Name, Watson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Watson

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. A. McKim

Address, 478 Broadway

Remarks,



report its birth to the Commissioner of Health, in the manner and form provided for in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st Child*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *White*
 Date of Birth *May 11th 1886*
 Place of Birth, (Street and Number) *17 Patterson Park Ave.*
 Full Name of Mother, *Ellen L. Hughes*
 Mother's Maiden Name, *Ellen L. Webster*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *George W. Hughes*
 Father's Occupation, *Bricklayer*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Dr. J. Powell H. D.*
 Address, *98 St. Paul St. Extended*
 Remarks, *Child Healthy*



report for birth to the Commissioner of Health, in the manner and form prescribed by the regulations of this section, shall be subjected to the fine of ten (10) dollars or persons who shall be convicted of this offense, shall be liable to the same, and the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period here required, and pay such person or persons who shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

86351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 18th 1886

4. Place of Birth, (Street and Number)

112 N. Patterson Ave Baltimore Md

5. Full Name of Mother,

Margue A Starkey

6. Mother's Maiden Name,

Mary A. Munn

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Joseph A Starkey

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. Morgan

Address,

47 N. Duane St

Remarks,

RETURN OF A BIRTH ⁸⁶³⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11 1888

4. Place of Birth, (Street and Number) No 26 Randall

5. Full Name of Mother, Matie Carroll

6. Mother's Maiden Name, Matie Labelle

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Joseph Carroll

9. Father's Occupation, Grinder Haystacks

10. Father's Birthplace, England

Name of Medical Attendant, J. C. Hinton
or other Person who makes this Return.

Address, No 588 Charles St

Remarks,



Report the birth to the Commissioner of Health in the manner and within the period above required, and pay the fee for each child as provided in the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 4 1886

4. Place of Birth, (Street and Number)

1861 Pratt St

5. Full Name of Mother,

Louise Becker

6. Mother's Maiden Name,

Biemiller

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Becker

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schugart midwife

Address,

330 Banner St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each return to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11th May 1886*

4. Place of Birth, (Street and Number) *478 Lexington St.*

5. Full Name of Mother, *Mary Jane Watson*

6. Mother's Maiden Name, *Mary Jane Russell*

7. Mother's Birthplace, *Baltimore City Md*

8. Full Name of Father, *James George Watson*

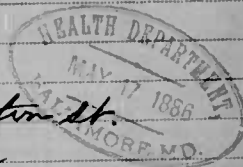
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City Md*

Name of Medical Attendant, or other Person who makes this Return, *Attended*

Address, *21 N. Bayreuth St*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86355

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

May 11th

4. Place of Birth (Street and Number)

207 Hamburg St

5. Full Name of Mother

Lizzie Livers

6. Mother's Maiden Name

133. Tyler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Livers

9. Father's Occupation

Labrer

10. Father's Birthplace

Charles, Ec Md

Name of Medical Attendant, or other Person who makes this Return.

Francis Granty

Address

69 Leadenhall St

Remarks

Living well

name of the mother of such child or children.

report the birth to the Commissioner of Health, in the manner and within the period above required, and for each failure to do so, or for each failure to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

female
Colored
May 11 1886
45 Spring St
Mary Smith
Mary Dyson
Baltimore
Henry Smith
printer
Baltimore
Mary Ann Dorsey
43 B. Brown Lane
fine dollars



RETURN OF A BIRTH. ⁸⁶³⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

female

colored

May 11, 1886

42 welcome al

lenea haris

lenea Cnewell

Virginia

leven haris

labor

Cambridge

Mary Ann Horney

43 S. Clarke Lane

five dollars

Office recovered as other files and forfeitures are recoverable.

NOTICE

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was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH. 86358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The 4th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth *11th May*

4. Place of Birth, (Street and Number) *112 Bay Street*

5. Full Name of Mother, *Maryanne Reynolds*

6. Mother's Maiden Name, *Maryanne*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Geo. H. Reynolds*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Lusk*

Address, *No. 439 N. Pratt*

Remarks,

For each of these to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, May 11th
4. Place of Birth, (Street and Number) 100 Orchard St.
5. Full Name of Mother, Nancy Ostora
6. Mother's Maiden Name, 11111
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Amos Cooper
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Annie Johnson
- Address, 94 Taylor St.
- Remarks,



RETURN OF A BIRTH 86360

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

12th May 1886

4. Place of Birth, (Street and Number)

Belair Avenue

5. Full Name of Mother,

Eva Pauland

6. Mother's Maiden Name, ..

Eva Wittig

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Andreas Pauland

9. Father's Occupation,

Beer Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks,

RETURN OF A BIRTH ⁸⁶³⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 12 1886

4. Place of Birth, (Street and Number)

No 6725 Bethel St

5. Full Name of Mother,

Bergina Griffin

6. Mother's Maiden Name,

Jessie Griffin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Griffin

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Baltimore

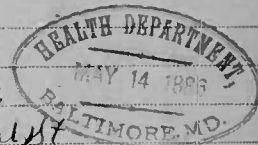
Name of Medical Attendant, or other Person who makes this Return.

Susan Morgan

Address,

2147 N Euston St

Remarks,



for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

86362

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th 1886

4. Place of Birth, (Street and Number)

1612 Brunell St

5. Full Name of Mother,

Drene Traube

6. Mother's Maiden Name,

Drene Wkner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Traube

9. Father's Occupation,

Tanner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. P. M. M. M.

Address,

123 Mother St

Remarks,

RETURN OF A BIRTH.

86363

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12th May 1886
4. Place of Birth (Street and Number) No. 13 S. Arlington Ave
5. Full Name of Mother Emma Gold Alexander
6. Mother's Maiden Name Emma Gold Matine
7. Mother's Birthplace Baltimore
8. Full Name of Father Edmund Alexander
9. Father's Occupation Inspector of Lumber B & O R.R.
10. Father's Birthplace Cecil Co. Md
Name of Medical Attendant, or other Person who makes this Return J. H. Benson M.D.
Address 187 Hollins St
Remarks

RETURN OF A BIRTH 86364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 1 1886

4. Place of Birth, (Street and Number) 112 S. Dorset

5. Full Name of Mother, Elizabeth Giccegan

6. Mother's Maiden Name, " Maloney

7. Mother's Birthplace, Ireland

8. Full Name of Father, Mathew Giccegan

9. Father's Occupation, Doctor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return J. L. M. M. M.

Address, J. L. M. M. M.

Remarks,

RETURN OF A BIRTH.

86365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Born May the 12. 1885*

4. Place of Birth, (Street and Number) *No 3 Lomb ally Betown hills York st*

5. Full Name of Mother, *Mary M. Johnson*

6. Mother's Maiden Name, *Mary M. Williams*

7. Mother's Birthplace, *No 3 Lomb ally*

8. Full Name of Father, *William Henry Williams*

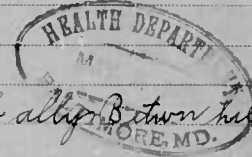
9. Father's Occupation, *Following water*

10. Father's Birthplace, *No 3 Lomb ally*

Name of Medical Attendant, or other Person who makes this Return. *Emily Hughes*

Address, *137 Yorks st bet sham hanover*

Remarks,



For each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

May 12th 1886

4. Place of Birth (Street and Number)

163 Lanvale

5. Full Name of Mother

Mary A W Thompson

6. Mother's Maiden Name

Mary A W Sellers

7. Mother's Birthplace

Fredericks Co Md

8. Full Name of Father

William J. Thompson

9. Father's Occupation

Marshall

Father's Birthplace

Baltimore Md

Name of Medical Attendant or other Person who makes this Return.

Address

Chasey Row

Remarks

112 Bolton St

RETURN OF A BIRTH.

86367

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 - Child amelia Bruner*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *free*
3. Date of Birth *May 13 1886*
4. Place of Birth (Street and Number) *Baltimore Volcan St - 58*
5. Full Name of Mother *Amelia Bruner*
6. Mother's Maiden Name *...*
7. Mother's Birthplace *old County*
8. Full Name of Father *William Bruner*
9. Father's Occupation *Reddler*
10. Father's Birthplace *...*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine D Corsey*
- Address *41 Lewis St*
- Remarks *X X X Perfect X X*

RETURN OF A BIRTH 863 68

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 13th 1886*

4. Place of Birth, (Street and Number) *828 Brune St.*

5. Full Name of Mother, *Martha McNeill*

6. Mother's Maiden Name, *Martha Adair*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas McNeill*

9. Father's Occupation, *Grocer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Amanda Taylor Morris, M.D.*

Address, *93 Harlem Avenue*

Remarks,

RETURN OF A BIRTH ⁸⁶³⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(6th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 17 1886

4. Place of Birth, (Street and Number)

601 Lexington St

5. Full Name of Mother,

Charlotte Howard

6. Mother's Maiden Name,

Charlotte Howard

7. Mother's Birthplace,

England

8. Full Name of Father,

W. H. Howard

9. Father's Occupation,

Merchant

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. H. Howard

Address,

1112 Cathedral St.

Remarks,

or persons who sign hereafter, will comply with the provisions of this section, shall be subjected in the case of each (19) dollar for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶³⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth *Born May 13 1886*

4. Place of Birth, (Street and Number) *3 Vincent ally*

5. Full Name of Mother, *Flouence MacCall*

6. Mother's Maiden Name, *Flouence Clark*

7. Mother's Birthplace, *Calvert County M. D.*

8. Full Name of Father, *Joshua MacCall*

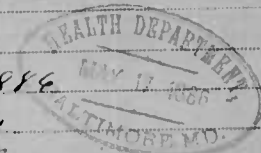
9. Father's Occupation, *Harder*

10. Father's Birthplace, *Baltimore County M. D.*

Name of Medical Attendant, or other Person who makes this Return. *Mary C. James*

Address,

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶³⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Buss May 13 1886*

4. Place of Birth, (Street and Number) *5 Rice street*

5. Full Name of Mother, *Maggie Jackson*

6. Mother's Maiden Name, *Maggie Housley*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Bigney Jackson*

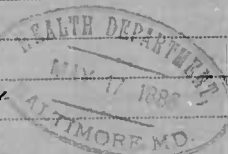
9. Father's Occupation, *Miner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mary A. Jones*

Address,

Remarks,



of persons who sign and register fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 13, 1906

4. Place of Birth, (Street and Number) # 197 Fairdale

5. Full Name of Mother, Lucie Inman

6. Mother's Maiden Name, Borrow

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Harry C. Inman

9. Father's Occupation, Book Binder

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return John G. Hack.

Address, 1055 E. Ave. + Townsend St.

Remarks,

RETURN OF A BIRTH 16373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1896

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 13th

4. Place of Birth, (Street and Number)

292 N Bond

5. Full Name of Mother,

Ella Stewart

6. Mother's Maiden Name,

Ella Huntington

7. Mother's Birthplace,

Manchester, Ind.

8. Full Name of Father,

Eugene Stewart

9. Father's Occupation,

Hotel Keeper

10. Father's Birthplace,

Chambersburg, Ind.

Name of Medical Attendant, or other Person who makes this Return

David L. Meyer, M.D.

Address,

192 Disputant St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 13 - 1886

4. Place of Birth, (Street and Number)

188 E. Federal

5. Full Name of Mother,

Mary Bennett

6. Mother's Maiden Name,

Gregor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. L. Sewel

9. Father's Occupation,

Tanner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Hine

Address,

151 E. Pratt

Remarks,

RETURN OF A BIRTH ⁸⁶³⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

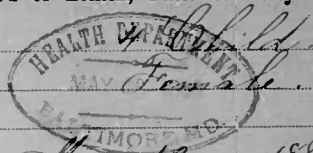
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



May 13 1886.

7 James Alley
Friedriche Boesch

Noermann

Germany

Rudolph Boesch

Shaver cutter

Germany

J. Schwasser, Widwife

330 Hanover st.

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86376

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: William Oliver Houch
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 13th 1886

4. Place of Birth (Street and Number) 182 N. Charles St

5. Full Name of Mother Mary Jane Houch

6. Mother's Maiden Name Baker

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Lloyd W. Houch

9. Father's Occupation Brickmaker

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. Lockman

Address 131 N. Charles St.

Remarks

RETURN OF A BIRTH⁸⁶³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

Sex, (state whether male or female) *male*

Race or Color, (if not of the white race) *white*

Date of Birth, *May 13, 1886*

Place of Birth, (Street and Number) *100 Madison St.*

Full Name of Mother, *Mary Gallop*

Mother's Maiden Name, *Mary Trappell*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Thomas Gallop*

Father's Occupation, *Laborer*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mary L. Sweeney*
or other Person who makes this Return

Address, *54 Luzerne St.*

Remarks,



any person or persons who shall be convicted of any offense in the cases of the birth and death of illegitimate children, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

86378

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex (state whether Male or Female) Female — Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth May 13
 4. Place of Birth (Street and Number) 104 N. Elm St
 5. Full Name of Mother Bell. Joiner
 6. Mother's Maiden Name Everett
 7. Mother's Birthplace Pratt
 8. Full Name of Father John Frederick Joiner
 9. Father's Occupation Laborer
 Father's Birthplace Pratt
 Name of Medical Attendant, or other Person who makes this Return. D. D. G. M. D.
 Address 137 Adams St
 Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 86379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 13th

4. Place of Birth, (Street and Number)

53 North Gay Street

5. Full Name of Mother,

Annie William Stanley

6. Mother's Maiden Name,

Annie William Sapp

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Harry J. Stanley

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hunter

Address,

Guy's Hotel

Remarks,

21 N. Poppleton Doing well

50

the each official to be recovered as other duties and forfeitures are recoverable.

RETURN OF A BIRTH

86380

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 13, 1886*

4. Place of Birth, (Street and Number) *440 Washington Street*

5. Full Name of Mother, *Emma Eugene Schone*

6. Mother's Maiden Name, *Emma Eugene Schone*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo. H. Schone*

9. Father's Occupation, *Druggist*

10. Father's Birthplace, *Baltimore County Maryland*

Name of Medical Attendant, or other person who makes this return. *J. Russell Masten*

Address, *Belair Avenue.*

Remarks,



RETURN OF A BIRTH ⁸⁶³⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 13th, 1886

4. Place of Birth, (Street and Number) 5 Astor St

5. Full Name of Mother, Alice Gray Donnelly

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Ind

8. Full Name of Father, John Thos Donnelly

9. Father's Occupation, Ice Driver

10. Father's Birthplace, Ind

Name of Medical Attendant, or other Person who makes this Return, Robert S. Rowe, M.D.

Address, 333 Light St

Remarks,



For each offense to be recorded as other than and for others are recoverable.

RETURN OF A BIRTH

86382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

May 13/86

4. Place of Birth, (Street and Number)

16 N. Bond St.

5. Full Name of Mother,

Elij. Dougherty

6. Mother's Maiden Name,

M. Shores

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John M. Dougherty

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

G. L. Miss Voss

Address,

44 S. Broadway

Remarks,

for each adeno to be recovered as other nes and confidures are recoverable.

RETURN OF A BIRTH 86383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 12th

4. Place of Birth, (Street and Number) 13 Oxford St

5. Full Name of Mother, Ellen Hill

6. Mother's Maiden Name, Day

7. Mother's Birthplace, Sumner Co. Md

8. Full Name of Father, George Henry Hill

9. Father's Occupation, Coachman

Father's Birthplace, Learsford Co. Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. Agnes Johnson

Address, 94 Tyson Street

Remarks,



RETURN OF A BIRTH

86384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *May 1st, 1886.*

4. Place of Birth, (Street and Number) *Stirling St. No. 72*

5. Full Name of Mother, *Caroline M. Lang*

6. Mother's Maiden Name, *Caroline M. Reiffer*

7. Mother's Birthplace, *Waldorf W. Wurtemberg, Germany*

8. Full Name of Father, *Georg Lang*

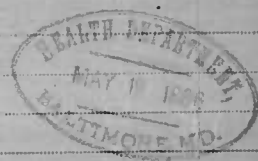
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Waldorf W. Wurtemberg, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,



for each address to be recovered as other lines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 13/86

4. Place of Birth, (Street and Number)

187 S Broadway

5. Full Name of Mother,

Minnie May Roberts

6. Mother's Maiden Name,

Russ

7. Mother's Birthplace,

Lancaster Ohio

8. Full Name of Father,

J. N. Roberts

9. Father's Occupation,

Green

Father's Birthplace,

Bald. city

Name of Medical Attendant,

or other Person who makes this Return.

Rev. Mansfield M. D

Address,

50 S Broadway

Remarks,



RETURN OF A BIRTH.

86386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2nd, 3rd, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth

May 13th 1886

4. Place of Birth (Street and Number)

343 Division St

5. Full Name of Mother

Clara Frederica Browning

6. Mother's Maiden Name

Wilmer

7. Mother's Birthplace

Williamsville, Erie Co., N. Y.

8. Full Name of Father

Edna Edsworth Browning

9. Father's Occupation

Clerk

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edgar L. Price M.D.

Address

267 Madison Ave

Remarks

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each failure to do so shall be liable to a fine of ten (\$10) dollars, which shall be subject to the fine of ten (\$10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, Well

9

Male

White

May 14th 1886

1482 Eager St.

Henrietta Gillman

Henrietta Walter

Baltimore

Lewis Gillman

Butcher

Germany

M. A. Butt

RETURN OF A BIRTH. ⁸⁶³⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ^{6th}

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *May 14th 1886*

4. Place of Birth, (Street and Number) *#204 Forrest St.*

5. Full Name of Mother, *Mary Ganey*

6. Mother's Maiden Name, *Marrison*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Thomas Ganey*

9. Father's Occupation, *Police Officer*

Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, *Mrs. Henry Kellegert*
or other Person who makes this Return.

Address, *#12 G. Monument St.*

Remarks,



For each child, a record is to be made in the records as of the time and birthplace are recoverable.

RETURN OF A BIRTH ⁸⁶³⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Sydney C. Blumenthal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Male



2. Race or Color, (if not of the white race)

3. Date of Birth,

14th May 1888

4. Place of Birth, (Street and Number)

48 Lee st

5. Full Name of Mother,

Rosa Blumenthal

6. Mother's Maiden Name,

" Myer

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Isaac Blumenthal

9. Father's Occupation,

Merchant

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. W. Webster

Address,

101 Barre st

Remarks,

for each offense to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th May 1886

4. Place of Birth, (Street and Number) Cor. Light & Bay St. SE.

5. Full Name of Mother, Mary

6. Mother's Maiden Name, W. A. Dunbar

7. Mother's Birthplace, Balt.

8. Full Name of Father, James A. Bush

9. Father's Occupation, Shoemaker

Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 101 Barron

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who also are liable to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶³⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, William Louise League
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th JUN 1885
4. Place of Birth, (Street and Number) 321 E. Pratt
5. Full Name of Mother, Mary Catherine League
6. Mother's Maiden Name, Hyman
7. Mother's Birthplace, City
8. Full Name of Father, Alfred Leander League
9. Father's Occupation, Policeman
Father's Birthplace, City
Name of Medical Attendant, or other Person who makes this Return, E. P. Jones M.D.
Address, 375 E. Balto. St.

Remarks, Full name of child added by mother upon applying for a transcript. Marie St. League Mother J. E. Weber Mar. 22-1928

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 86392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 14th 1886

4. Place of Birth, (Street and Number) 166 Pratt St.

5. Full Name of Mother, Mary Sue

6. Mother's Maiden Name, " Greenhager

7. Mother's Birthplace, City

8. Full Name of Father, Richardt Sue

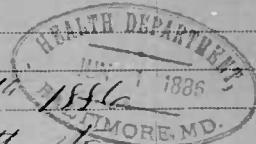
9. Father's Occupation, Grocer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Bick

Address, 120 Bank St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

86393

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 14

4. Place of Birth, (Street and Number)

No. 225 E. Ave. 14

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

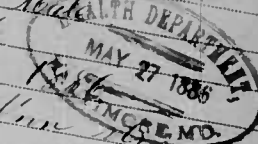
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dr. Louise May
11 Patterson Park Ave.



RETURN OF A BIRTH ⁸⁶³⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Louise Reitz

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th May 1886.

4. Place of Birth, (Street and Number)

No 174 Süd Scharp.

5. Full Name of Mother,

Elise Reitz.

6. Mother's Maiden Name,

Benzing.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Emile Reitz.

9. Father's Occupation,

Tobacco Worker

Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

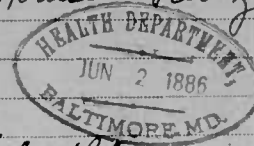
Miss Munch.

Address,

No 1 Seidenhall St.

Remarks,

9-9-52



for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ^{1863 95}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 14/86

4. Place of Birth, (Street and Number) 46 York St.

5. Full Name of Mother, Fanny Fiesel

6. Mother's Maiden Name, Fanny Vorkelesky.

7. Mother's Birthplace, Russ.

8. Full Name of Father, Moses Fiesel

9. Father's Occupation, Peckler.

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Address, 87 Sharp St.

Remarks,



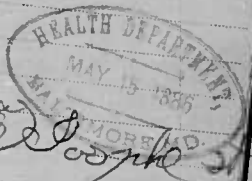
any person or persons who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as civil fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

86396

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *No. 1*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth, *14 day of May*
Place of Birth, (Street and Number) *No. 11 St. Joseph*
Full Name of Mother, *Carah Smith*
Mother's Maiden Name, *Carah Swible*
Mother's Birthplace, *Baltimore*
Full Name of Father, *J. J. Smith*
Father's Occupation, *Printer*
Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Jane E. Bolles*
Address, *No. 352 Charles St.*
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

86397

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5
Male

May 14 - 1886

314 Forest St.
Catharina March

Baltimore
Finch

Baker
Baltimore

Mary Stein
154 E. Pratt St.



RETURN OF A BIRTH *863 98*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth, *May 14, 1886*
Place of Birth, (Street and Number) *146 S. Charles St*
Full Name of Mother, *Mary Kimmett*
Mother's Maiden Name, *Finnigan*
Mother's Birthplace, *Ireland*
Full Name of Father, *Rodger Kimmett*
Father's Occupation, *Saloon Keeper*
Father's Birthplace, *Ireland*
Name of Medical Attendant, *Wm. Scarborough*
or other Person who makes this Return
Address, *220 Montgomery St*
Remarks,

RETURN OF A BIRTH 86399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child.

Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 14 1886.

4. Place of Birth, (Street and Number)

424 Hill St.

5. Full Name of Mother,

Lizzie Neumann.

6. Mother's Maiden Name,

Haefflich.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Max Neumann.

9. Father's Occupation,

Machinist.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser Midwife.

Address,

330 Hanover St.

Remarks,

for each affiant to be recovered as other lines and forfeitures are recoverable.

As persons who officiate as registrars for and in conformity with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8. 11

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 14

4. Place of Birth, (Street and Number)

No 54 Gerrard St

5. Full Name of Mother,

Clara Inona

6. Mother's Maiden Name,

Clara Leussamier

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wilhelm Inona

9. Father's Occupation,

Laboar

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Mrs Ethel

Address,

No 13 Eula St

Remarks,

Baltimore

RETURN OF A BIRTH ⁸⁶⁴⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth.

May 15 '86

4. Place of Birth, (Street and Number)

360 Fulton

5. Full Name of Mother,

Lizzie Larrant

6. Mother's Maiden Name,

7. Mother's Birthplace,

England

8. Full Name of Father,

Alfred Larrant

9. Father's Occupation,

Sailor

Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Henry Chandlee M.D.

Address,

181 Linden

Remarks,

any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

86412

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 15, 1886

4. Place of Birth, (Street and Number)

23 South Street

5. Full Name of Mother,

Agnes Litchfield

6. Mother's Maiden Name,

Agnes O'Connor

7. Mother's Birthplace,

Delaware

8. Full Name of Father,

Wm Litchfield

9. Father's Occupation,

Driver (Ice Wagon)

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who make this Return

C. H. Thomas M.D.

Address.

66 E Baltimore St

Remarks,



RETURN OF A BIRTH ⁸⁶⁴⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Mar 18 86

4. Place of Birth, (Street and Number)

Maternity

5. Full Name of Mother,

Theresa Davis

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

W.D.

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

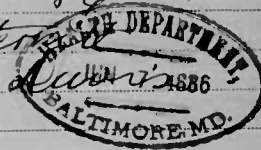
Name of Medical Attendant, or other Person who makes this Return.

L. Davis M.D.

Address,

Maternity

Remarks,



for each off-use to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH *86404*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 15th 1886*

4. Place of Birth, (Street and Number) *119 S. E. Baltimore, Md.*

5. Full Name of Mother, *Margaret Lampert*

6. Mother's Maiden Name, *Fitzpatrick*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Fredrick Lampert*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Elizabeth Bell*

Address, *120 Bank St.*

Remarks,

for each offense to be recovered as either fine and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶⁴⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

Sex, (state whether male or female) female.

Race or Color, (if not of the white race) colored.

Date of Birth May 15 - 1886.

Place of Birth, (Street and Number) 68 Iceland st.

Full Name of Mother, Lucy D. Lee.

Mother's Maiden Name, Lucy D. Sorel.

Mother's Birthplace, Baltimore city

Full Name of Father, Charles Lee Richard Lee

Father's Occupation, Brick maker.

Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Abigail Brooks.

Address, 210 Warner st.

Remarks, Dying well.



or persons who shall serve or fail to comply with the provisions of this section, shall be guilty of a misdemeanor, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

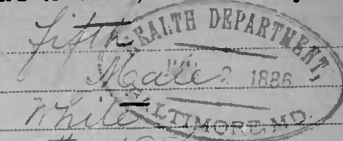
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mary 15th 1886

161 E Green St

Mary Anne Beck

Mary Anne Reed

Balto. Md

Ernest Monroe Beck

Foreman Balto Flow Co. 204 S Howard St

Balto. County

Miss Munch

No 1 Larchhall St.

RETURN OF A BIRTH 86407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 13/56

4. Place of Birth, (Street and Number) 1402 Pa. Ave.

5. Full Name of Mother, Mrs. Anna Parker

6. Mother's Maiden Name, Miss Anna Herr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Parker

9. Father's Occupation, Tailor

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return.

Address, Mar. Stunner

Remarks, 60 North Stunner. D.M.

RETURN OF A BIRTH ¹⁸⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. May 15/86

4. Place of Birth, (Street and Number) 230 S Charles St

5. Full Name of Mother, Lena Rottner

6. Mother's Maiden Name, Lena Vidner

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Rottner

9. Father's Occupation, Slaughter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this return Mrs R. Goldsmith

Address, 29 Sharp St.

Remarks,



The duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of not less than \$10 nor more than \$50, and to imprisonment for not less than 10 nor more than 30 days, and to the costs of the proceedings.

RETURN OF A BIRTH ⁸⁶⁴⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d George Johnson*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *Colored*
 Date of Birth, *12 May*
 Place of Birth, (Street and Number) *Baltimore*
 Full Name of Mother, *Hester Ballard*
 Mother's Maiden Name, *Hester Ballard*
 Mother's Birthplace, *Somerset County Md*
 Full Name of Father, *Charles Johnson*
 Father's Occupation, *Salering*
 Father's Birthplace, *Denril Nev*
 Name of Medical Attendant, or other Person who makes this Return *Chinnie Johnson*
 Address, *Chinnie Betwen Cross and West*
 Remarks,

within the period above required, except in the cases of live births and deaths of illegitimate children, and only persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 86410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Caucasoid*

3. Date of Birth *Born May 15 1886*

4. Place of Birth, (Street and Number) *3 Melrose Avenue*

5. Full Name of Mother, *Ellen Maria Thomas*

6. Mother's Maiden Name, *Ellen Maria Thomas*

7. Mother's Birthplace, *Infant Giffard Me D*

8. Full Name of Father, *David Anderson*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT
BALTIMORE
3 Child.
Female.

May 15 1886.

310 Charles St.

Helene Rupprecht

Schaumann.

America.

Henry Rupprecht.

Carpenter.

America.

J. Schwasser Midwife.

330 Hanover St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other dues and forfeitures are recoverable.

RETURN OF A BIRTH

86412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Childth of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian Race*

3. Date of Birth, *May 15 1888*

4. Place of Birth, (Street and Number) *72 Giddison St*

5. Full Name of Mother, *Caroline Furgerson*

6. Mother's Maiden Name, *Caroline Jackson*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *Charles Furgerson*

9. Father's Occupation, *Laber*

10. Father's Birthplace, *Frederick Md*

Name of Medical Attendant, or other Person who makes this Return. *Lewis W. Wood*

Address. *130 E. Light St*

Remarks,

RETURN OF A BIRTH ⁸⁶⁴¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th May 1886

4. Place of Birth, (Street and Number) 224 Smith St

5. Full Name of Mother, Joa Gurlach

6. Mother's Maiden Name, " O'Neill

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Gurlach

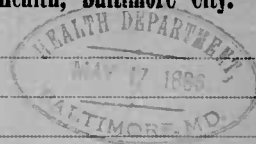
9. Father's Occupation, Sailorman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mar. Waters

Address, 25 N. Caroline St

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 15 1886

4. Place of Birth, (Street and Number)

77 Mosher

5. Full Name of Mother,

Clara E. McGilton

6. Mother's Maiden Name,

Frederick

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Jno. N. McGilton

9. Father's Occupation,

Legal Apt. B. & O. A. R.

10. Father's Birthplace,

Cumberland Md.

Name of Medical Attendant, or other Person who makes this Return

W. Christian M.D.

Address,

506 Madison Ave.

Remarks,



within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁶⁴¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 15, 1886

4. Place of Birth, (Street and Number) 47th Bethel Street

5. Full Name of Mother, Caroline Sauer

6. Mother's Maiden Name, Caroline Wagner

7. Mother's Birthplace, Germany

8. Full Name of Father, John Sauer

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Swaine

Address, 59th Luzerne St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child.*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th of May 1886*

4. Place of Birth, (Street and Number) *42 North Washington Street*

5. Full Name of Mother, *Katie Beelance*

6. Mother's Maiden Name, *Katie Donnerman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Donnerman*

9. Father's Occupation, *Laborman*

10. Father's Birthplace, *Williamian*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*



Every birth to the Registrar of Health in the manner and within the period above required, and any such person who neglects to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 of May 1886

4. Place of Birth, (Street and Number) 267 Esquith St

5. Full Name of Mother, Mary A Wolf

6. Mother's Maiden Name, Mary A. Lingelbach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Cornest Wolf

9. Father's Occupation, Basketmaker

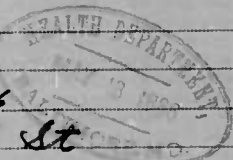
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Clarendon Ave

Remarks, 1886

or persons who shall greater fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

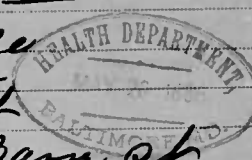


or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th
4. Place of Birth, (Street and Number) 622 Barn St
5. Full Name of Mother, A. C. Werner
6. Mother's Maiden Name, A. C. Bullied
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, S. C. Weiner
9. Father's Occupation, Broom maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs Slifer
or other Person who makes this Return.
- Address, 24 Columbia Ave
- Remarks,



RETURN OF A BIRTH ⁸⁶⁴¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5th)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 15th, 1880

4. Place of Birth, (Street and Number)

No 103 South Chester Street

5. Full Name of Mother,

Mrs. Emma Jane Powell

6. Mother's Maiden Name,

Miss Emma J. Gambrell

7. Mother's Birthplace,

Baltimore, Maryland

8. Full Name of Father,

Mr. Charles Sydney Powell

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Worcestershire County, Maryland

Name of Medical Attendant,

or other Person who makes this Return.

Wm H. Eldredge, M.D.

Address,

No. 102 North Broadway

Remarks,

Report as birth to the Commissioner of Health, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female) ^{Female}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{May 13 1896}

4. Place of Birth, (Street and Number) ^{1434 N. Mount St.}

5. Full Name of Mother, ^{Mary E. Gittel}

6. Mother's Maiden Name, ^{"H." Henderson}

7. Mother's Birthplace, ^{N.Y.}

8. Full Name of Father, ^{Emmanuel Gittel}

9. Father's Occupation, ^{Day Laborer & Coalman}

10. Father's Birthplace, ^{Pol.}

Name of Medical Attendant, or other Person who makes this Return, ^{Richard C. Coker M.D.}

Address, ^{1468 Madison St. Room 203}

Remarks,



RETURN OF A BIRTH ⁸⁶⁴²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *May 15 - 1896*

4. Place of Birth, (Street and Number) *20 Cambridge st*

5. Full Name of Mother. *Emma Cole*

6. Mother's Maiden Name. *Burns*

7. Mother's Birthplace. *Baltimore*

8. Full Name of Father. *Michael Cole*

9. Father's Occupation. *Laborer*

10. Father's Birthplace. *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Harrison*

Address. *387 Eastern ave*

Remarks.

Each of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above prescribed, and to the Registrar of Vital Statistics, and to the person or persons who shall hereafter fall to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

86422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 15th*

4. Place of Birth, (Street and Number) *No. 3482 Meulberg St.*

5. Full Name of Mother, *Barbara A. Feulner.*

6. Mother's Maiden Name, *Barbara A. Hessler.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Frank Feulner.*

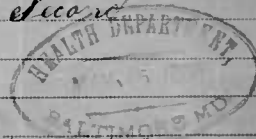
9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Sumler*

Address, *60 North Schuylker*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

86423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, May 15th 1886

4. Place of Birth, (Street and Number) 314 S Sharp St

5. Full Name of Mother, Kina Hoester

6. Mother's Maiden Name, Kina Slaps

7. Mother's Birthplace, Oldenburg Germany

8. Full Name of Father, J. Hoester

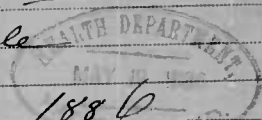
9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Oldenburg Ger

Name of Medical Attendant, or other Person who makes this Return Mrs W. Maunel

Address, No 8 Pearl St

Remarks, _____



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 86424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 16th 1886

4. Place of Birth, (Street and Number) 219 Court

5. Full Name of Mother, Sarah Leiger

6. Mother's Maiden Name, Harris

7. Mother's Birthplace, City

8. Full Name of Father, Benjamin Leiger

9. Father's Occupation, Gardner

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Betz

Address, 129 Bank St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and regulations are recoverable.

1-31-57
SPECIAL NAME ADDED
RETURN OF A BIRTH

86425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
May 16th 1886

30088
Albany St.

Mrs. Amalia Jay

Amelia Leighton

Baltimore

Millard J. Jay

Laborer

Baltimore

Mrs. R. A. Garrett

1260 Burke St.

RETURN OF A BIRTH. 86426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth *Born May 16 1886*

4. Place of Birth, (Street and Number) *234 Bruce Street*

5. Full Name of Mother, *Hattie Bush*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *James Bush*

9. Father's Occupation, *Coal Carrier*

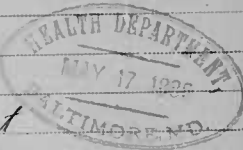
10. Father's Birthplace, *Westmoreland County Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Mary L. Jones*

Address,

Remarks,

report to birth to the Registrar of Health in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered in any court of competent jurisdiction.



RETURN OF A BIRTH ⁸⁶⁴²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 16 1886

4. Place of Birth, (Street and Number) 39 Bank St.

5. Full Name of Mother, Catharina Rines

6. Mother's Maiden Name, Ride

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Rines

9. Father's Occupation, See Captain

10. Father's Birthplace, Portland Me

Name of Medical Attendant, or other Person who makes this Return Harry Stein

Address, 151 E Pratt St.

Remarks,

For each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

86 428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 16th 1896

4. Place of Birth (Street and Number)

No 15. N. Chester st

5. Full Name of Mother

Martha Madden

6. Mother's Maiden Name

Martha Hunter

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

John Madden

9. Father's Occupation

Painter

Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Thomas B. Evans M.D.

Address

22 Jackson Square

Remarks

(Premature birth)



RETURN OF A BIRTH 86429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wh
3. Date of Birth, 16 May 1886
4. Place of Birth, (Street and Number) 37 Little Monument St
5. Full Name of Mother, Fanny Johnson
6. Mother's Maiden Name, "
7. Mother's Birthplace, md
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
Name of Medical Attendant, or other person who makes this return Heute Leontels
Address, 39 Little Monument St
Remarks, made out by Rev. G. Lane Vanoyles

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16 1886
4. Place of Birth, (Street and Number) St. Mary's
5. Full Name of Mother, May Hill
6. Mother's Maiden Name, Do
7. Mother's Birthplace, W. Va.
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, D. Davis M.D.
- Address, Maternity
- Remarks, _____



RETURN OF A BIRTH. 86431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

May 11th

4. Place of Birth, (Street and Number)

134 William St

5. Full Name of Mother,

Amanda Getts

6. Mother's Maiden Name,

Amanda Hignet

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Getts

9. Father's Occupation,

Carriage Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Minck R. Castley

Address,

Heath St No 16

Remarks,

Doing well



Be its attendance upon the Mother, immediately after the birth, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other here and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16th. 1886

4. Place of Birth, (Street and Number) 117 Biddle St. cor Washington St.

5. Full Name of Mother, Maggie Müller

6. Mother's Maiden Name, Maggie Halsted

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, John Müller

9. Father's Occupation, Barre tender

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. A. Bitt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, Well

for each return to be recovered as other dues and forfeitures are recoverable.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16th

4. Place of Birth, (Street and Number)

No 51

5. Full Name of Mother,

Boney

6. Mother's Maiden Name,

Bitter

7. Mother's Birthplace,

8. Full Name of Father,

Thomas B

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report his birth to the Commissioner of Health in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 16



4. Place of Birth, (Street and Number)

W. Bond

5. Full Name of Mother,

Marie Sime

6. Mother's Maiden Name,

Ruzicka

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Emil Sime

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Sophie Conrad

Address,

20 Barnes St

Remarks,

RETURN OF A BIRTH

86435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 16 - 1886

4. Place of Birth, (Street and Number)

E. Edger St. 243

5. Full Name of Mother,

Eleanora Miller

6. Mother's Maiden Name,

Lutz

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Henry Miller

9. Father's Occupation,

Boat Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Josephine Conrad

Address,

20 Barnes St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$100 for each offense to be recovered as other fines and forfeitures are recoverable.

For all returns made to the Registrar of Vital Statistics, Baltimore City, the person reporting its birth, to the Registrar of Vital Statistics, Baltimore City, shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Christopher Charles Voegelien
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 16th 1886
4. Place of Birth, (Street and Number) #148 Len St.
5. Full Name of Mother, Mary Voegelien
6. Mother's Maiden Name, Beckman
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chris. Voegelien
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

GIVEN NAME ADDED 1-22-53



be in attendance upon the mother, immediately thereafter; it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{864.38}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16th May*
4. Place of Birth, (Street and Number) *Baltimore 115 E Pratt Street*
5. Full Name of Mother, *Sarah Katherine Tobin*
6. Mother's Maiden Name, *Kate Matton*
7. Mother's Birthplace, *Washington*
8. Full Name of Father, *James Henry Tobin*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *Starford County*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs W E Sinclair*
- Address, *144 S Bond St.*
- Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

86439

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 16*

4. Place of Birth (Street and Number) *911 "Caroline"*

5. Full Name of Mother *Minnie Lauster*

6. Mother's Maiden Name *" Pfefferkorn*

7. Mother's Birthplace *Balto*

8. Full Name of Father *George Lauster*

9. Father's Occupation *Baker*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return. *J. J. Gump*

Address *139 N. ...*

Remarks



RETURN OF A BIRTH

86440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 May 1886

4. Place of Birth, (Street and Number) 1010 Park Ave. N.Y.C.

5. Full Name of Mother, Mary Land

6. Mother's Maiden Name, Mary Pearce

7. Mother's Birthplace, Philadelphia Pa.

8. Full Name of Father, John Land

9. Father's Occupation, Taxidermist

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return, Dr. (John) Smith

Address, 113 Maryland Ave

Remarks, 1886

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁶⁴⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *16th of May 1886*

4. Place of Birth, (Street and Number) *33 W. Wolf St. Madison*

5. Full Name of Mother, *Adeline Wiedbeck*

6. Mother's Maiden Name, *Adeline Grafsucht*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Grafsucht*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel St. per Justina Kunkel*

Remarks, *Healthy*



RETURN OF A BIRTH ⁸⁶⁴⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 16th 1886

4. Place of Birth, (Street and Number)

37 E. Monument Street

5. Full Name of Mother,

Fanny Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

William Johnson

9. Father's Occupation,

Labour

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Herbert Motance

Address,

37 E. Monument Street

Remarks,

rejoice its birth to the Commission of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.



report on birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to be fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 16th 1886

4. Place of Birth, (Street and Number)

40 So. Monument Street

5. Full Name of Mother,

Bessie Farrell

6. Mother's Maiden Name,

Bessie Mitchell

7. Mother's Birthplace,

Charles Co. Md.

8. Full Name of Father,

Joseph Farrell

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Charles Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Henry Moten

Address,

38 So. Monument Street

Remarks,

RETURN OF A BIRTH ⁸⁶⁴⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

16 May 1881

4. Place of Birth, (Street and Number)

1501 Dallas

5. Full Name of Mother,

Isabel Jones

6. Mother's Maiden Name,

Isabel Reed

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Jones

9. Father's Occupation,

labor

10. Father's Birthplace,

Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return.

Susan Morgan

Address,

1047 N. Durbin St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

It is the duty of the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 16th of May

4. Place of Birth, (Street and Number) 72 E. Lombard

5. Full Name of Mother, Julius Heldmann

6. Mother's Maiden Name, Heber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Heinrich Heldmann

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard St.

Remarks, _____



Printed in blank for the Commissioner of Health, to be filled up by the Registrar, and within the year of its publication, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

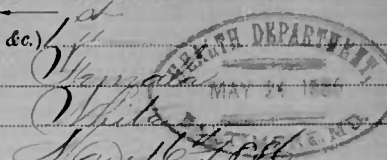
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st
Female
White
May 16, 1886
365 S. Green St.
Cora Hart
" Taylor
Baltimore
Jas. H. Hart
Fruit & Confectioner
" "
Droeglers Confectionery
46 Hammond Key

should, in other persons be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and only person or persons who are not subject to the provisions of this section shall be subject to a fine of not more than \$100, and costs, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁶⁰⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) 16 May 1886

3. Date of Birth, later

4. Place of Birth, (Street and Number) 179 Maryland St

5. Full Name of Mother, Jane Milam

6. Mother's Maiden Name, John Farmer

7. Mother's Birthplace, Bar Abbeville Co

8. Full Name of Father, George Milam

9. Father's Occupation, laborer

10. Father's Birthplace, St Mary Co

Name of Medical Attendant, or other Person who makes this Return Dr J. M. Milam

Address, 251 Thebes St

Remarks, _____

RETURN OF A BIRTH ⁸⁶⁰⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 16 1886

4. Place of Birth, (Street and Number) Trappe St

5. Full Name of Mother, Maggie J. Harris

6. Mother's Maiden Name, Maggie Harris

7. Mother's Birthplace, Calvert County

8. Full Name of Father, Samuel J. Harris

9. Father's Occupation, Farmer

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return Dr. W. M. Ward

Address, 25 E. Trappe St

Remarks, _____

To a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

86449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16th 1886

4. Place of Birth, (Street and Number) 233 William St.

5. Full Name of Mother, Agnes Frank

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Ireland

8. Full Name of Father, George L. Frank

9. Father's Occupation, Glassblower

10. Father's Birthplace, N. J.

Name of Medical Attendant, or other Person who makes this Return, Robert S. Lowe, M.D.

Address, 333 Light St.

Remarks,



Persons who fail to file this Return, or who fail to comply with the provisions of this section, shall be subjected to the fine of \$1.00 (one dollar) for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 7-9-53
RETURN OF A BIRTH

86450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Birkhead

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

29. Adult

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 17th 1886

4. Place of Birth, (Street and Number)

422 Namover, St.

5. Full Name of Mother,

Florence E. Birkhead

6. Mother's Maiden Name,

" " Hull.

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Stephen J. Birkhead

9. Father's Occupation,

Shirt Cutter,

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.

Address,

152 Sharp. St.

Remarks,



RETURN OF A BIRTH.

86451

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th child.*

1. Sex (state whether male or female) *Male.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *May 17th 1886.*

4. Place of Birth (Street and Number) *105 N. Central Ave. Cor. Jefferson St.*

5. Full Name of Mother *Mary Louisa Sauer*

6. Mother's Maiden Name *Warnecke*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Francis A. Sauer*

9. Father's Occupation *M. S.*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Francis A. Sauer M.D.*

Address *105 N. Central Ave.*

Remarks

name of the mother of such child or children.

report its birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 27 1886

4. Place of Birth, (Street and Number)

325

5. Full Name of Mother,

Mrs. Johannah Cardwell

6. Mother's Maiden Name,

Johannah Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Cardwell

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Dr. R. H. Garrill

Address,

No 63 Burke Street.

Remarks,

RETURN OF A BIRTH ⁸⁶⁴⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, May 17, 1886

4. Place of Birth, (Street and Number) 108 Herring Lane

5. Full Name of Mother, Lena Rubottom

6. Mother's Maiden Name, Lena Hutchinson

7. Mother's Birthplace, Va

8. Full Name of Father, Ben Rubottom

9. Father's Occupation, Laborm

10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. Woodland

Address, 1643 Mer St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.



GIVEN NAME ADDED 10-15-51

RETURN OF A BIRTH 86484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mary Anna Brown*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 17 1896*

4. Place of Birth, (Street and Number) *158 Divisum St.*

5. Full Name of Mother, *Sarah Brown*

6. Mother's Maiden Name, *Martin*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Brown*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Marbury Brown M.D.
68 N. Calver St.*

Remarks,



Should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and on the day, as may be prescribed by the Board of Health, and the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

and in all cases when this form is used, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for failing to do so shall be liable to a fine of not more than \$100, and any person who knowingly furnishes false information shall be liable to a fine of not more than \$100, and any person who knowingly furnishes false information shall be liable to a fine of not more than \$100, and any person who knowingly furnishes false information shall be liable to a fine of not more than \$100.

RETURN OF A BIRTH ⁸⁶⁴⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White race.

3. Date of Birth,

17th



4. Place of Birth, (Street and Number)

No. 498

Baltimore, Md.

5. Full Name of Mother,

Maggie Morrison.

6. Mother's Maiden Name,

Maggie Spibel.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Robert Morrison.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

Wm. Hilly.

Address,

12" Patterson Park Ave.

Remarks,

RETURN OF A BIRTH

86456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

this birth child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 17th

4. Place of Birth, (Street and Number)

Gilbert St.

5. Full Name of Mother,

Anna J. Thomas

6. Mother's Maiden Name,

W. E. Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William J. Thomas

9. Father's Occupation,

carriage

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address,

94 Tyson St

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be liable to a fine of \$10 for each offense to be recovered as other fines and forfeitures are recoverable.

of at least one parent, or mother, and father, or of a small amount fee only of the person or parents of such child to be paid by the mother, or father, or by the person or persons who shall hereafter fall to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{8th}
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *May 17*
4. Place of Birth, (Street and Number) *2nd Westcoat*
5. Full Name of Mother, *Annie Eddings*
6. Mother's Maiden Name, *Annie Jones*
7. Mother's Birthplace, *Alabama*
8. Full Name of Father, *Levi Eddings*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return, *Annie L. Alexander, M.D.*
- Address, *385 W. Lanevale St.*
- Remarks,



See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 86458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



May 17 1886

213 Cross st

Caroline Livingston

Drense

America

Harry Livingston

Shoe-maker

America

J. Lohwasser, Midwife

331 Hanover st

is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered in other places and conditions are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. May 14

4. Place of Birth, (Street and Number) No 3 Garrison St

5. Full Name of Mother. Dorotea Greasick

6. Mother's Maiden Name, Di

7. Mother's Birthplace, Germany

8. Full Name of Father, Gregory Greasick

9. Father's Occupation, Trunk Dealer

10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this return. W. R. B. D. D. D.

Address, No 28 N. Franklin St Baltimore

Remarks. 119.



See the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if such person or persons shall fail to do so, they shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17th May 1889

4. Place of Birth, (Street and Number)

46 229 West St

5. Full Name of Mother,

Maggie Kirsitt

6. Mother's Maiden Name,

Maggie Kirsitt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kirsitt

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John A. Drachler

Address,

229 West St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *May 17/86*

4. Place of Birth, (Street and Number) *No. 2 N. Holliday St. Balto. Md.*

5. Full Name of Mother, *Cornelia Emma Harvey*

6. Mother's Maiden Name, *" " Murrary*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Chas. A. Harvey*

9. Father's Occupation, *Sanitor*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return, *Susan Hunter*

Address, *21 N. Papperton St*

Remarks, _____



In the absence of the mother, immediately thereafter, it shall become the duty of the person or persons who shall report the birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17th of May

4. Place of Birth, (Street and Number) 49 E. Calvert St.

5. Full Name of Mother, Loretta Barclay

6. Mother's Maiden Name, Isabella

7. Mother's Birthplace, Italy

8. Full Name of Father, Joseph Barclay

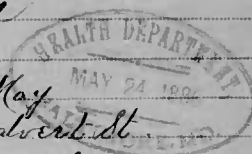
9. Father's Occupation, Fruit-merchant

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this return, Sarah Cooper

Address, 72 E. Lombard St.

Remarks,



RETURN OF A BIRTH ⁸⁶⁴⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*

1. Sex, (state whether male or female) *1*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18 May 1885*

4. Place of Birth, (Street and Number) *Little Maccluer St. N 39*

5. Full Name of Mother, *Golda Sapershtein*

6. Mother's Maiden Name, *Golda Susken*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Morris Sapershtein*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *E. Schuman*

Address, *Albemarle St N 26*

Remarks,



Birth of any child shall occur a minute the official time of a birth shall be determined by the physician, or other person, who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

Not to be filled out by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 15th 1886

4. Place of Birth, (Street and Number) 43 Bank St

5. Full Name of Mother, Lina Walter

6. Mother's Maiden Name, " Shultz

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Walter

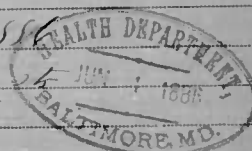
9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bitt

Address, 120 Bank St

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, and to the Registrar of the City and County of Baltimore, the name of the child, the date of birth, the sex, the race or color, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, and the address of the person or persons who shall be liable for each offence to be reported, and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁶⁴⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

18 May 1886

4. Place of Birth, (Street and Number)

18 Montrose Ct

5. Full Name of Mother,

Margaret Gordon

6. Mother's Maiden Name,

Pherson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Gordon

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Cornland Md.

Name of Medical Attendant,

or other Person who makes this Return.

E. D.

Address,

No 8

Lombard St

Remarks,



RETURN OF A BIRTH.

86466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 18th 1886

4. Place of Birth (Street and Number) 205 Cr. Mount St

5. Full Name of Mother Robert Nicholas John Hicks

6. Mother's Maiden Name Rosen

7. Mother's Birthplace Baltimore 8th District Md

8. Full Name of Father Henry Hicks

9. Father's Occupation Armed Forces

10. Father's Birthplace Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Dr. H. L. Larkin M.D.

Address 215 Cr. Mount St

Remarks Natural Labor

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person who fails to do so shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

86468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rena Katherine Fritsch
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 13 - 1886

4. Place of Birth, (Street and Number)

S. Bond St.

5. Full Name of Mother,

Maggi D. Fritsch

6. Mother's Maiden Name,

Turnbull

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander Fritsch

9. Father's Occupation,

Black & Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Maggi Stein

Address,

151 E Pratt St.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the practitioner is a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, he or she shall immediately report the birth to the Commissioner of Health, in the manner and within the period of time prescribed in this section, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 18th

4. Place of Birth, (Street and Number)

222 Scott St

5. Full Name of Mother,

Rosa Krabitz-

6. Mother's Maiden Name,

Rosa Koepf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Rud Krabitz-

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Slifer

Address,

24 Columbia Ave

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the mother to report the birth of the child to the Board of Health, in the manner, and within the period, and under the penalties, provided in this section, and any person who fails to do so shall be liable to a fine of ten dollars, or to imprisonment for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH³⁶⁴⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17th 1886
4. Place of Birth, (Street and Number) Fulton Ave No. 546
5. Full Name of Mother, Lillian Bowers
6. Mother's Maiden Name, Lillian Sloff
7. Mother's Birthplace, Alexandria Va
8. Full Name of Father, William Bowers
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return L. S. Sparrow M.D.
- Address, # 279 St. Mount. St.
- Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall fail to do so shall be liable to the payment of a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH ⁸⁶⁴⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Abraham Winters

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11, 1888

4. Place of Birth, (Street and Number) 203 Hammond St.

5. Full Name of Mother, Alice Winters

6. Mother's Maiden Name, Madison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry J. Winters

9. Father's Occupation, Houseman

10. Father's Birthplace, N. Jersey

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooper M.D.

Address, 146 Hammond St.

Remarks, _____

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother, or other person, shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so, or who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF BIRTH

To the Office of Registrar of Vital Statistics

of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, ...)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Missing 86674 and 86675

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health by a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, the Physician or practitioner shall be liable to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 86476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wh

3. Date of Birth, May 18th 1880

4. Place of Birth, (Street and Number) # 313 S. Paca

5. Full Name of Mother, Annie Reckert

6. Mother's Maiden Name, Likman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Reckert

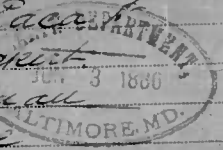
9. Father's Occupation, Patron

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Max Koch

Address, # 328 S. Euter St.

Remarks, _____

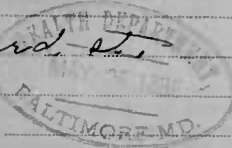


Notwithstanding the fact that the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of any month, the mother, immediately thereafter, it shall become the duty of the mother, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such failure shall be deemed to be a violation of the provisions of this section, and shall be punished by a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH. 86477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth May 18th 1886
4. Place of Birth, (Street and Number) 54 E. Lombard St.
5. Full Name of Mother, Glenna Holbert
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Holbert
9. Father's Occupation, Salvager
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein (Mid-Wife)
- Address, 49 S. Exeter St.
- Remarks, _____



Every parent liable on this form and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child is reported to the Office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth May 18th 1886

4. Place of Birth, (Street and Number) 45 Albemarle St.

5. Full Name of Mother, Frieda Ginsburg

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Russia

8. Full Name of Father, Samuel Ginsburg

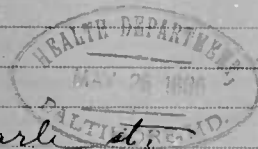
9. Father's Occupation, Sedler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Bernstein

Address, 49 W. Exeter St.

Remarks, _____



RETURN OF A BIRTH⁸⁶⁴⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 31/

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, May the 18th

4. Place of Birth, (Street and Number) Baltimore Byrd Block 19

5. Full Name of Mother, Terquinnia G. Woods

6. Mother's Maiden Name, ALICE MCGEE

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H E Jones

9. Father's Occupation..... Brick Layer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Hathorn*

Address: Light st no 5032

Remarks

percentage between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, or any such child be born in attendance upon a physician, midwife or other person, the parent or parents of such child to whom such child is born shall, within the period above mentioned, and any such person who is not the parent or parents of such child, shall comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall be considered as having been attended by a physician or practitioner of midwifery, and any such person who fails to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18th 1886

4. Place of Birth, (Street and Number) 183 N. Calvert

5. Full Name of Mother, Elizabeth Anderson

6. Mother's Maiden Name, do. Alan

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Herbert M. Anderson

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Lockwood M.D.

Address, Park Ansell Addition St

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

86481

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

May 18th 1886

345 Madison Ave

Elizabeth Reese

Mae Cormick

Alexandria Va

Percy M Reese

Grocer

Baltimore

Elias C Price M.D.

262 Madison Ave

RETURN OF A BIRTH

86482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 19th 1886*

4. Place of Birth, (Street and Number) *101 George St.*

5. Full Name of Mother, *Mary Ehler*

6. Mother's Maiden Name, *Pfeifer*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Adam Ehler*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Elizabeth Betz*

Address, *120 Bank St.*

Remarks,



Let it be known that any person who shall be a physician or practitioner of midwifery, or should no other person be in attendance, who shall deliver or assist in the delivery of a child, or who shall be present at the delivery of a child, and who shall not report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, May 19th 1886

4. Place of Birth, (Street and Number) 150 Rabin

5. Full Name of Mother, Mary Linckter

6. Mother's Maiden Name, Mary Linckter

7. Mother's Birthplace, Wa

8. Full Name of Father, Henry Hayward

9. Father's Occupation, Bookster

10. Father's Birthplace, Bucks Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodhouse

Address, 167 Banne St

Remarks, _____



In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and to the effect hereinafter provided, and in case of failure to do so, or person or persons so failing to do so, the Commissioner of Health, in the manner and to the effect hereinafter provided, shall be empowered to the fine of ten (10) dollars for each offence to be levied.

RETURN OF A BIRTH. 8648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) wht

3. Date of Birth May 19. 1886.

4. Place of Birth, (Street and Number) 217 Loebhm St.

5. Full Name of Mother, Emma A Minnick

6. Mother's Maiden Name, " " Plowman

7. Mother's Birthplace, Md

8. Full Name of Father, Wm G Minnick

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return.

G Lane Panyhell

Address, 219 Madison ave.

Remarks,



In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other person report his birth to the Commissioner of Health, in the manner and within the time specified in this section, such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH 86486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19

4. Place of Birth, (Street and Number) 13 E Biddle

5. Full Name of Mother, Annie B. Wilson

6. Mother's Maiden Name, Annie B. Preston

7. Mother's Birthplace, Hartford Conn

8. Full Name of Father, William L. Wilson

9. Father's Occupation, Coach Painter

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return, Miss Julia Rogers

Address, 466 N. Gay St

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered in any court of competent jurisdiction, and such other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 of May 1896

4. Place of Birth, (Street and Number) 42 190 Madison

5. Full Name of Mother, Mary Ann Reed

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Hessen

8. Full Name of Father, Hugo Ann Reed

9. Father's Occupation, Carpenter

10. Father's Birthplace, Hessen

Name of Medical Attendant, or other Person who makes this Return, Delia G. Gochalen

Address, 1125 West St.

Remarks, _____



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

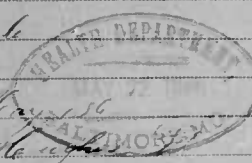
Every effort was made to
assure legibility and com-
pleteness.

is in attendance upon the mother, immediately thereafter it shall become the duty of the physician, midwife, or other person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 of May 1886
4. Place of Birth, (Street and Number) 49 1/2 North St
5. Full Name of Mother, Mat Lyon
6. Mother's Maiden Name, Matte Lamada
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Lyon
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Charles Gresham
- Address, 125 West St
- Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should an other person be present, the birth shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19th of May 1886*
4. Place of Birth, (Street and Number) *470 East Monument Street.*
5. Full Name of Mother, *Malinda Young*
6. Mother's Maiden Name, *Malinda Rodce*
7. Mother's Birthplace, *Howard County.*
8. Full Name of Father, *Harry D. Rodce.*
9. Father's Occupation, *Foreman.*
10. Father's Birthplace, *Baltimore.*
Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kinkel.*
Address, *71 North Chapel St. for Justin Kinkel.*
Remarks, *Healthy.*



RETURN OF A BIRTH

86 490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) 7

2. Race or Color, (if not of the white race) wh

3. Date of Birth, 19th May 1886

4. Place of Birth, (Street and Number) Franklin St No 15

5. Full Name of Mother, Julia

6. Mother's Maiden Name, Julia

7. Mother's Birthplace, Van

8. Full Name of Father, Wm Rogers

9. Father's Occupation,

10. Father's Birthplace, S Carolina

Name of Medical Attendant, or other Person who makes this Return.

Archib. H. Henson M.D.

Address,

119 N Charles St

Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child occurs on the first or third day of a month, the certificate shall be filed on the day following. Any person who fails to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 19th. of May

4. Place of Birth, (Street and Number) 176 Canal St.

5. Full Name of Mother, Agnes Kiesel

6. Mother's Maiden Name, Mc. Clane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kiesel

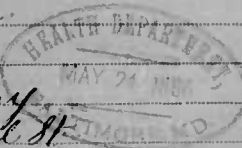
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Sarah Cooper

Address, 12 E. Lombard

Remarks, _____



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should any such child be born alive, and the mother or person who shall have charge of the child, shall fail to comply with the provisions of this section, it shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

86492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 18th of May

4. Place of Birth, (Street and Number) 52 Branby

5. Full Name of Mother, Louisa Turant

6. Mother's Maiden Name, Casper

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm. Turant

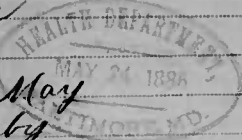
9. Father's Occupation, Winegar - makes

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks, _____



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report in a true and correct manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 19 1888
4. Place of Birth, (Street and Number) No 1328 Bethel St
5. Full Name of Mother, Frances Wilson
6. Mother's Maiden Name, Frances Reid
7. Mother's Birthplace, Richmond County Georgia
8. Full Name of Father, James Mire Wilson
9. Father's Occupation, Labor
10. Father's Birthplace, Hartford County Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Morgan
- Address, 1047 N. Durham St.
- Remarks,

RETURN OF A BIRTH ⁸⁶⁴⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 20, 1886*

4. Place of Birth, (Street and Number) *420 Washington St.*

5. Full Name of Mother, *Rose Clark*

6. Mother's Maiden Name, *Rose Williams*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Clark*

9. Father's Occupation, *seamaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary L. Snayre*

Address, *59 Luzerne St.*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fall to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars
for each offence to be recovered in a summary proceeding in the court of the city and county of Baltimore.

For attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 86495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th of May

4. Place of Birth, (Street and Number)

No. 522 Canton Ave.

5. Full Name of Mother,

Lena Kirag

6. Mother's Maiden Name,

Gard

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Kirag

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

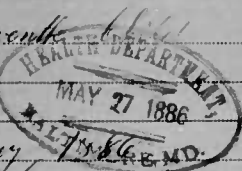
Name of Medical Attendant, or other Person who makes this Return.

Mrs Louise Wiley

Address,

12th Patterson Park St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 20th 1886

4. Place of Birth, (Street and Number)

50 O'Donnell St.

5. Full Name of Mother,

Theresa Hughes

6. Mother's Maiden Name,

Theresa Klatte

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James O. Hughes

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. Riley

Address,

110 12 Patterson Park

Remarks,

Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female DEPARTMENT
White
20th Mar 1886
BALTIMORE MD.

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

N^o 327 Mulberry St

5. Full Name of Mother,

Carolina Scholz

6. Mother's Maiden Name,

" " Weil

7. Mother's Birthplace,

Baltimore

M. A.

8. Full Name of Father,

Henry F. Scholz

9. Father's Occupation,

Passenger's Maker

10. Father's Birthplace,

Baltimore

16 A

Name of Medical Attendant, or other Person who makes this Return

Susan Shunto

Address,

21 N Poppleton St

Remarks,

See instructions upon the under-mentioned subject, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 86498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

HEALTH DEPARTMENT
MAY 23 1886
374th Street

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Katharine Koeneke

6. Mother's Maiden Name,

Drechsler

7. Mother's Birthplace,

America

8. Full Name of Father,

Charles Koeneke

9. Father's Occupation,

Baker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohvasser, Midwife

Address,

930 Hanover st

Remarks,

RETURN OF A BIRTH ⁶⁴⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20 4 86

4. Place of Birth, (Street and Number) 1018 B'nol St

5. Full Name of Mother, Rebecca Meers

6. Mother's Maiden Name, Meers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Meers

9. Father's Occupation, Hack Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mr. J. Leman

Address, 50 S. Carrollton ave.

Remarks, Strong healthy child



Person making this report shall be subject to a fine of ten dollars for each child to whom this report is made, except in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

865-00

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 Male

4. Place of Birth, (Street and Number) 44 Thomas St

5. Full Name of Mother, May Paula

6. Mother's Maiden Name, May Marzota

7. Mother's Birthplace, Bokemia

8. Full Name of Father, Andy Podila

9. Father's Occupation, Tailor

10. Father's Birthplace, B. hemia

Name of Medical Attendant, or other Person who makes this Return, May Kefish

Address, 6911 Washington St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who so hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eight child*

1. Sex, (state whether male or female) ~~female~~ *Male*

2. Race or Color, (if not of the white race) *Colored child*

3. Date of Birth *20 of may*

4. Place of Birth, (Street and Number) *194 E Howard st*

5. Full Name of Mother, *Georgiana Tolson*

6. Mother's Maiden Name, *Georgiana Williams*

7. Mother's Birthplace, *Eastern shore MD*

8. Full Name of Father, *William Tolson*

9. Father's Occupation, *laboring man*

10. Father's Birthplace, *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return. *Willie Groce*

Address, *181 York st*

Remarks,



RETURN OF A BIRTH 86502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th. of May

4. Place of Birth, (Street and Number)

21 Castle St.

5. Full Name of Mother,

Emma Jaeger

6. Mother's Maiden Name,

Batty

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Jaeger

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore

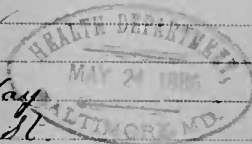
Name of Medical Attendant, or other Person who makes this return.

Sarah Casper

Address,

72 E. Lombard.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other laws and ordinances are recoverable.

report to him in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 of May 1886

4. Place of Birth, (Street and Number) 1301 Blair Road

5. Full Name of Mother, Mary Heaff

6. Mother's Maiden Name, Mary G. Carter

7. Mother's Birthplace, Germany

8. Full Name of Father, John Heaff

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. A. J. T. S. S.

Address, 113 Clarendon Ave

Remarks, 1886



RETURN OF A BIRTH.

86504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 8*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth *the 20 of may the*

4. Place of Birth, (Street and Number) *202 york street*

5. Full Name of Mother, *single deal*

6. Mother's Maiden Name, *single daddan*

7. Mother's Birthplace, *Baltimore Md. D.*

8. Full Name of Father, *John Paul*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, *Walter Gross* or other Person who makes this Return.

Address, *181 York Street*

Remarks,



Report as required by the provisions of the Act of March 1, 1890, and any such person or persons who shall fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



86.516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father.

9. *Father's Occupation.*

16. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

any person who shall become a tenant in the property and who shall not have complied with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

of persons who shall hereafter fall in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Little Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

20th May 1886

4. Place of Birth, (Street and Number)

No. 113 Frederick Ave

5. Full Name of Mother,

Susanna Krauser

6. Mother's Maiden Name,

Susanna Hilberger

7. Mother's Birthplace,

Begern Germany

8. Full Name of Father,

J. Mc. Krauser

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Begern Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hiller

Address,

1017 West Pratt St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White.

3. Date of Birth

28 Sharp Street.

4. Place of Birth, (Street and Number)

28 May 1886

5. Full Name of Mother,

Sarah Casey

6. Mother's Maiden Name,

Sarah Beck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Sarah Casey

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Subark

Address,

20438 N. Pratt Street

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period made required, and any such report or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th of May

4. Place of Birth, (Street and Number)

132 Canal

5. Full Name of Mother,

Minnie Mifflin

6. Mother's Maiden Name,

Kofo

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Heinrich Mifflin

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

he is arrested here, the mother and father thereof, or either of them, shall be liable to pay a fine of ten dollars for each offense to be recovered as other fines are recoverable, and the duty of the person or parents of such child, to report his birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

1. Sex, *Male* No. of Child of Mother, *6*

2. Race or Color, *W*

3. Date, *May 20*

4. Place of Birth, *142 Bannock St*

5. Full Name of Mother, *Kate Joyce*

6. Mother's Maiden Name, *Booley*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas Joyce*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Ireland*

New Mary Hospital
112 Locust St

BIRTH *86511*

rd of Health, Baltimore City.



RETURN OF A BIRTH.

86512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 20 / 86

4. Place of Birth, (Street and Number)

54 S. Calhoun St

5. Full Name of Mother,

Emma Virginia Lilly

6. Mother's Maiden Name,

Case

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Chris Lilly

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Med (Bacto Co.)

Name of Medical Attendant, or other Person who makes this Return.

P. Gustav Dill 160

Address,

614 W. Lombard St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be required as other laws and ordinances are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Any person who shall neglect to report the birth of any child, or who shall neglect to report the death of any person, or who shall neglect to report the marriage of any person, or who shall neglect to report the divorce of any person, or who shall neglect to report the adoption of any child, or who shall neglect to report the change of name of any person, or who shall neglect to report the change of residence of any person, or who shall neglect to report the change of occupation of any person, or who shall neglect to report the change of marital status of any person, or who shall neglect to report the change of sex of any person, or who shall neglect to report the change of race or color of any person, or who shall neglect to report the change of date of birth of any person, or who shall neglect to report the change of place of birth of any person, or who shall neglect to report the change of full name of any person, or who shall neglect to report the change of mother's maiden name of any person, or who shall neglect to report the change of mother's birthplace of any person, or who shall neglect to report the change of full name of any father, or who shall neglect to report the change of father's occupation of any person, or who shall neglect to report the change of father's birthplace of any person, or who shall neglect to report the change of name of medical attendant of any person, or who shall neglect to report the change of address of any person, or who shall neglect to report the change of remarks of any person, shall be liable to a fine of not more than ten dollars for each offense.

RETURN OF A BIRTH 86513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 24 1898*

4. Place of Birth, (Street and Number) *404 Gough St. Lane*

5. Full Name of Mother, *Brigitte Lanner*

6. Mother's Maiden Name, *Kullman*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Frank Lanner*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *Bessie Green*

Address, *No. 634 Light St.*

Remarks,



RETURN OF A BIRTH

865-14

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

Male

W

May 21

Washington Ave No 1

Mary E Leary

" " " " " " " "

Baltimore

James E Leary

Barber

Ireland

Mrs Mary Morgan

112 Scott St

be in attendance upon the mother, and if the mother, or any other person, or any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 21 1886

4. Place of Birth, (Street and Number)

115 Race St

5. Full Name of Mother,

Hannah Johnston

6. Mother's Maiden Name,

Hannah Larrauer

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John A Johnston

9. Father's Occupation,

Carpenter & Builder

10. Father's Birthplace,

St John New Brunswick

Name of Medical Attendant, or other Person who makes this Return

Wm. H. H. H. H.

(1384)

Address,

No 1 Seaboard St.

Remarks,

RETURN OF A BIRTH ⁸⁶⁵¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who

Address,

Remarks,



RETURN OF A BIRTH ⁸⁶⁵¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{white}

3. Date of Birth, ^{May 2/86}

4. Place of Birth, (Street and Number) ^{108 & mcjst}

5. Full Name of Mother, ^{Sarah Baker}

6. Mother's Maiden Name, ^{" Neimyer}

7. Mother's Birthplace, ^{Bald. city}

8. Full Name of Father, ^{Jas. Baker}

9. Father's Occupation, ^{Policeman}

10. Father's Birthplace, ^{Bald. city}

Name of Medical Attendant, ^{R. W. Mansfield M.D.}

or other Person who makes this Return.

Address, ^{50 So. Broadway}

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 of May 1886

4. Place of Birth, (Street and Number) 1256 Centre Street

5. Full Name of Mother, Katie Hirt

6. Mother's Maiden Name, Katie Butler

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hirt

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Christina Lane

Address, 133 Harford Ave

Remarks, 1886.



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
White
May 24 1886
206 Williams St
Margaret E. Cukran
" " " Cathartes
Baltimore
Edmund Cukran
Sailor
Chesapeake City
Theodore Cukran
146 W. 1st St

RETURN OF A BIRTH 86521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st May 1886

4. Place of Birth, (Street and Number) No 133 Howard Street

5. Full Name of Mother, Annie Larkin

6. Mother's Maiden Name, Annie Giddens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Larkin

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Christina Soule

Address, 173 Howard Street

Remarks, 1886



Report is to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

(4) four

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

21 first of May 1886

4. Place of Birth, (Street and Number)

No 49 S. Race st

5. Full Name of Mother,

Mary Clara Melis

6. Mother's Maiden Name,

Mary Clara Dargatz

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Samuel A. Webb

9. Father's Occupation,

Carte Drover

10. Father's Birthplace,

Norfolk V.A.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Seelack

Address,

No 439 W. Pratt street

Remarks,

For each offence to be recovered as other laws and forfeitures are recoverable.

GIVEN NAME ADDRESS

RETURN OF A BIRTH.

86523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Walter Francis Appleby

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth May 21st - 1886.

4. Place of Birth (Street and Number) 678 W. Lombard St.

5. Full Name of Mother Mary F.

6. Mother's Maiden Name Haberman

7. Mother's Birthplace Balto. City.

8. Full Name of Father Israel D. Appleby.

9. Father's Occupation Plasterer.

10. Father's Birthplace Montgomery Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. W. Goldsmith, M.D.

Address Helen W. & Catherine St.

Remarks



Persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1. Sex. *Female* No. of Child of Mother. *3*

2. Race or Color. *M*

3. Date. *May 21*

4. Place of Birth. *R. S. Sheppard*

5. Full Name of Mother. *Mary M. Smith*

6. Mother's Maiden Name. *Mary P. Lord*

7. Mother's Birthplace. *Germany*

8. Full Name of Father. *Robert Wienthal*

9. Father's Occupation. *Painter*

10. Father's Birthplace. *Germany*

May, Harrison

10 11 2 11 11

A BIRTH 86524

Board of Health, Baltimore City.



RETURN OF A BIRTH ⁸⁶⁵²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 21st 1884.

4. Place of Birth, (Street and Number) 50 Etting St.

5. Full Name of Mother, M. E. Gance

6. Mother's Maiden Name, M. E. Heins

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Georg E. Gance

9. Father's Occupation, Driver

10. Father's Birthplace, Cecil County.

Name of Medical Attendant, (or other Person who makes this report)

Mrs. W. W. Madenel, Midwife.
Address, No 8 Paul St.

Remarks,



Report a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

6

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 31 1882

4. Place of Birth, (Street and Number)

1100 Bay View St

5. Full Name of Mother,

Mary Ann Hean

6. Mother's Maiden Name,

Mary Ann Drin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Healy

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Hofford

Address,

130 Bay View St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 or \$20, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.
1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th May
4. Place of Birth, (Street and Number) Garrett Ave. No. 162 P.
5. Full Name of Mother, Thekla Brandenburger
6. Mother's Maiden Name, Thekla Willbert
7. Mother's Birthplace, Hautentstein Sachsen
8. Full Name of Father, Julius Brandenburger
9. Father's Occupation, Attender
10. Father's Birthplace, West Prussia
- ☒ Name of Medical Attendant, or other Person who makes this Return, Lizzie Schayfle
- Address, Hull St. No. 312 P.
- Remarks, _____

RETURN OF A BIRTH. 86528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth May 22nd 1886.

4. Place of Birth, (Street and Number) Baltimore 81 East St.

5. Full Name of Mother, Charlotte Bradford.

6. Mother's Maiden Name, Charlotte Johnson.

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, Eleven Bradford.

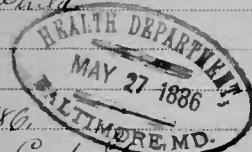
9. Father's Occupation, Brick Layer.

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Rough.

Address, 122 Chestnut St.

Remarks,



Report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall be negligent in this respect, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered in other laws and ordinances are enforceable.

RETURN OF A BIRTH ⁸⁶⁵²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22^d of May 1886*

4. Place of Birth, (Street and Number) *To Heill St*

5. Full Name of Mother, *Anne Belle Leoin*

6. Mother's Maiden Name, *Annie Belle Miller*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Abraham Leoin*

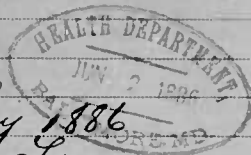
9. Father's Occupation, *Drummer*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Friedman*

Address, *Miss Munch*

Remarks, *No. 1 Leaden hall St.*



Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, shall be liable to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eldest*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth *May 22. 1886*
4. Place of Birth, (Street and Number) *231 S. Eutaw street*
5. Full Name of Mother, *Laura S. Panner*
6. Mother's Maiden Name, *Laura S. Chandler*
7. Mother's Birthplace, *Eastern shore Virginia*
8. Full Name of Father, *Henry Panner*
9. Father's Occupation, *Drayman*
10. Father's Birthplace, *Eastern Shore Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Mellie Lewis*
- Address, *181 York street*
- Remarks,



RETURN OF A BIRTH ^{86.531}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

22nd of May

4. Place of Birth, (Street and Number)

23 Albemarle St.

5. Full Name of Mother,

Philabena Birkenstock

6. Mother's Maiden Name,

Wierich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Heinrich Birkenstock

9. Father's Occupation,

China decorator

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Cooper

Address,

72 E. Lombard St.

Remarks,

Report on each of the foregoing items of this Return, if the mother or father is a foreigner, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *45 Jackson St*

4. Place of Birth, (Street and Number) *22 May*

5. Full Name of Mother, *Annie Cross*

6. Mother's Maiden Name, *Harrell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Vincent Cross*

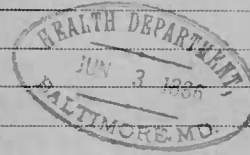
9. Father's Occupation, *Painter*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Mrs Rose Ulrich
48 Hollander

report the birth to this Registrar at least in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

Second (2^d)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 22^d, 1886

4. Place of Birth, (Street and Number)

No. 37 North Bond Street

5. Full Name of Mother,

Mrs. Mary Ellen Haussmann

6. Mother's Maiden Name,

Mrs. Mary E. Quinn

7. Mother's Birthplace,

Washington, D.C.

8. Full Name of Father,

Mr. Robert F. L. Haussmann

9. Father's Occupation,

Box Maker (Wood)

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

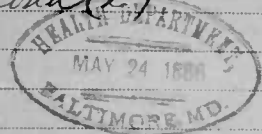
Wm. H. Glendinen, M.D.

Address,

No. 102 N. Broadway

Remarks,

report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

86.534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child

1. Sex, (state whether male or female)

Little Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

22nd May 1886

4. Place of Birth, (Street and Number)

106 Little Green Str.

5. Full Name of Mother,

Mrs. Mary Rau.

6. Mother's Maiden Name,

Mrs. Mary Hemmer

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Mrs. Henry Rau.

9. Father's Occupation,

Baker

10. Father's Birthplace,

Wurtemberg Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Miller

Address,

1017 West Pratt Str.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86.535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 22 1886

4. Place of Birth, (Street and Number)

280 Columbia Ave

5. Full Name of Mother,

Henretta Russell

6. Mother's Maiden Name,

Henretta Rudiger

7. Mother's Birthplace,

Hagen Pessel Germany

8. Full Name of Father,

George Russell

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Balt City

Name of Medical Attendant, or other Person who makes this return.

Mrs Cross

Address,

128 South Poppleton St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 86536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 22nd 1914*

4. Place of Birth, (Street and Number) *280 Columbia St*

5. Full Name of Mother, *Henretta ~~Ruehliger~~ Knell*

6. Mother's Maiden Name, *Henretta Ruehliger*

7. Mother's Birthplace, *Hessen Kessel Germany*

8. Full Name of Father, *George Knell*

9. Father's Occupation, *Cigar Master*

10. Father's Birthplace, *Balt City*

Name of Medical Attendant, or other Person who makes this Return, *Miss Cross*

Address, *128 South Poppleton St*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86537

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. ☒ (state whether male or female) *Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 22, 1886.*

4. Place of Birth, (Street and Number) *18- Beran St.*

5. Full Name of Mother, *Lucinda J. Jaccdale.*

6. Mother's Maiden Name, *McWhittan*

7. Mother's Birthplace, *Virginia.*

8. Full Name of Father, *Jacob Jaccdale*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *England*

Name of Medical Attendant, ☒ or other Person who makes this Return

W. W. Scarborough.

Address, *228 Montgomery St.*

Remarks,

Report the birth to the Commissioner of Health in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 22nd 1886

4. Place of Birth, (Street and Number)

No 8 Patapoco St

5. Full Name of Mother,

Maggie Adams

6. Mother's Maiden Name,

Maggie Trumbo

7. Mother's Birthplace,

Baltimore city and

8. Full Name of Father,

Benjamin Adams

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore city and

Name of Medical Attendant, or other Person who makes this Return,

Elizabeth Hinton

Address,

No 688 S Charles St

Remarks,



any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, May, 23rd, 1886
4. Place of Birth, (Street and Number) 48 Hanover, St.
5. Full Name of Mother, Ella Bradshaw
6. Mother's Maiden Name, " North
7. Mother's Birthplace, Balto. City - "
8. Full Name of Father, Julian F. Bradshaw
9. Father's Occupation, Salesman
10. Father's Birthplace, Dorchester Co. Md.
11. Name of Medical Attendant, or other Person who makes this Return, R. J. H. Tall, M.D.
- Address, 152 Sharp, St.
- Remarks, —



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 23 - 1886

4. Place of Birth, (Street and Number)

179 E. Baltimore St.

5. Full Name of Mother,

Mattie L. Trenman Ken

6. Mother's Maiden Name,

Breshears

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Trenman Ken

9. Father's Occupation,

Machine Woodworker

10. Father's Birthplace,

Suffolk County Va

Name of Medical Attendant, or other Person who makes this Return

Mary Storey

Address,

157 E. Pratt St.

Remarks,



Section of the parent or parents of such child to report its birth in the event of death, in this case, and within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of five dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 23rd 1886

4. Place of Birth, (Street and Number)

Ap. 540 Gay St.

5. Full Name of Mother,

Mother Strauss

6. Mother's Maiden Name,

Reed

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. Strauss

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Louis Schulte

Address,

No. 246. Chew St.

Remarks,



16542

RETURN OF A BIRTH 1886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 23rd*

4. Place of Birth, (Street and Number) *82 Marsh Market Space*

5. Full Name of Mother, *Esther Buchner*

6. Mother's Maiden Name, *Esther Horstern*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *S. Buchner*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Russia*

● Name of Medical Attendant, or other Person who makes this Return. *Daniel V. Moynihan M.D.*

Address, *192 Disquith St*

Remarks, *City*

or persons who sign hereafter, in the empty space the provisions of this section, which are subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 23d May 1886

4. Place of Birth, (Street and Number) 62 N. Chapel

5. Full Name of Mother, Rhena Kennard

6. Mother's Maiden Name, Briggs

7. Mother's Birthplace, City

8. Full Name of Father, William Kennard

9. Father's Occupation, Brick Maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, E. F. Jones M.D.

Address, 37 S. E. Balto. St.

Remarks,



RETURN OF A BIRTH ⁸⁶⁵⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 23rd of May

4. Place of Birth, (Street and Number) 12 Orleans St.

5. Full Name of Mother, Annie Seegly

6. Mother's Maiden Name, Pistehl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Seegly

9. Father's Occupation, Tavern-keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 726 Lombard St.

Remarks, _____



Persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall be guilty of any violation of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 86845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third child - twins.

1. Sex, (state whether male or female)

She males.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

MAY 27 1886

4. Place of Birth, (Street and Number)

May 27 1886
150 Chesapeake St.

5. Full Name of Mother,

Mrs. Maria Glynn

6. Mother's Maiden Name,

Mary Hawkins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Glynn

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. R. L. Garrett

Address,

No 60 Burke St.

Remarks,

RETURN OF A BIRTH. 86546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 23 1886

4. Place of Birth, (Street and Number) 6 Little Mc Eldery

5. Full Name of Mother, Rachel Rosenberg

6. Mother's Maiden Name, " Saphora

7. Mother's Birthplace, Russia

8. Full Name of Father, Morris Rosenberg

9. Father's Occupation, Sailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Ustman

Address, 46 Caroline St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

This is 3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23

June 1886

4. Place of Birth, (Street and Number)

485 W. Baltimore St.

5. Full Name of Mother,

Catherine Zipprian

6. Mother's Maiden Name,

Ebe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. M. Zipprian

9. Father's Occupation,

Restaurateur

10. Father's Birthplace,

Baltimore

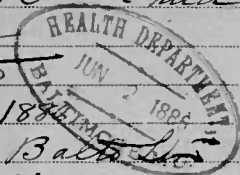
Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 N. Poppleton St.

Remarks,



RETURN OF A BIRTH.

865 48

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

23rd May 1886

4. Place of Birth (Street and Number)

219 N. Mount St

5. Full Name of Mother

Alma Kusey

6. Mother's Maiden Name

Alma Brown

7. Mother's Birthplace

Canada

8. Full Name of Father

George R. Kinsley

9. Father's Occupation

Ornamental Painter

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. T. Benson M.D.

Address

187 Hollins St.

Remarks

RETURN OF A BIRTH ⁸⁶⁵⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4- Child.

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mar 22nd / 81.

4. Place of Birth, (Street and Number)

New North St.

5. Full Name of Mother,

Mary Gies.

6. Mother's Maiden Name,

" Selvig.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Gies

9. Father's Occupation,

Painter

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Annie Fendner

Address,

No. 43 N. Hancock St.

Remarks,

RETURN OF A BIRTH ¹⁸⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd 1865

4. Place of Birth, (Street and Number) 66 Camden St.

5. Full Name of Mother, Annie Callahan

6. Mother's Maiden Name, Annie Hoffman

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Edward Callahan

9. Father's Occupation, Stone Molder

10. Father's Birthplace, New York City

Name of Medical Attendant, Dr. R. Goldsmith
or other Person who made this Return

Address, 87 Sharp St.

Remarks, 7/10

Any of the parents or persons of such child to register the birth to the Board of Health, in this instance, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.



RETURN OF A BIRTH ⁸⁶⁵⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Koeth
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,



1886

4. Place of Birth, (Street and Number)

St. Louis Hall St.

5. Full Name of Mother,

Katy Koeth

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

America

8. Full Name of Father,

George Koeth

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser Midwife

Address,

330 Hanover St.

Remarks,

GIVEN NAME ADDED

4-8-54

L.M.

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Clara Mary Spies*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

3 Child.
Female
1886
178 Hanover st.
Arine Spies
Licamle
America
Robert Spies
Tailor
America
J. Schwaesser Midwife
3030 Hanover st.

at persons who shall knowingly and wilfully furnish false information, and who shall be liable to the same as for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

86553

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

May 33rd

4. Place of Birth (Street and Number)

219 Howard St.

5. Full Name of Mother

Mary Brown

6. Mother's Maiden Name

Mary Cross

7. Mother's Birthplace

Maryland

8. Full Name of Father

Alexander Brown

9. Father's Occupation

Welder

Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

R. M. Hall

Address

242 Sharp St.

Remarks

RETURN OF A BIRTH *8652*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, 28. 4. May.

4. Place of Birth, (Street and Number) No. 86 Charnock St.

5. Full Name of Mother, Margaret Johnson

6. Mother's Maiden Name, Margaret Brown

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph. E. Johnson

9. Father's Occupation, Farmer

10. Father's Birthplace, Andri' Cidg

Name of Medical Attendant, or other Person who makes this Return: Harold J. Johnson

Address, Mr. H. Rogers at Baltimore

Remarks, Saw been a Chick on Sunday Night

next full moon

or persons who shall hereafter fail to comply with the provisions of this act, or persons who shall be assessed on a business and for fixtures are recoverable.

RETURN OF A BIRTH.

86555

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

1. Sex (state whether 1st, 2d, 3d, &c) *3d* *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *May 23th 1886*
4. Place of Birth (Street and Number) *Number 20 Maggie Court*
5. Full Name of Mother *Susan grin*
6. Mother's Maiden Name *Susan Bow*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Grin*
9. Father's Occupation *Ship Porter*
10. Father's Birthplace *Marshall County*
11. Name of Medical Attendant, or other Person who makes this Return *Dr. Thomas*
- Address *Wash and Iron*
- Remarks

Darkey Tarnlin No 134 ch. nat.

RETURN OF A BIRTH ⁸⁶⁵⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd 1886

4. Place of Birth, (Street and Number) 511 N. Gay St

5. Full Name of Mother, Ann McKenna

6. Mother's Maiden Name, " Windgard

7. Mother's Birthplace, Balto.

8. Full Name of Father, James McKenna

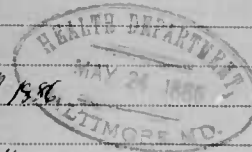
9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Julia Brown

Address, 466 N. Gay St

Remarks,



or persons who shall hereafter fall in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and for future are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁶⁵⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 24th 1886

4. Place of Birth, (Street and Number) 134 Jefferson

5. Full Name of Mother, Louisa Menckel

6. Mother's Maiden Name, " Reisinger

7. Mother's Birthplace, City

8. Full Name of Father, John Menckel

9. Father's Occupation, Turner

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Betz

Address, 120 Bank St.

Remarks,

or persons who shall hereafter take to be recovered as other fines and forfeitures are recoverable.

or person who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd (Second)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 24th 1886

4. Place of Birth, (Street and Number) 378 N. Calvert St.

5. Full Name of Mother, Mr. Lula Woolf

6. Mother's Maiden Name, Macpherson

7. Mother's Birthplace, West Ranger, Pa.

8. Full Name of Father, George W. Woolf

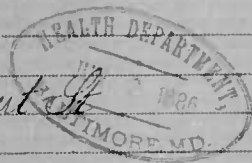
9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, Elizabeth D. Marshall M.D.
or other Person who makes this Return.

Address, 378 N. Calvert St.

Remarks,



RETURN OF A BIRTH.

86.559

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

May 24

Male

24 May

Elizabeth Stuyler

202, 16 Broadway

William

Baltimore Md

Eugene Stuyler

Driver

Baltimore

Dr. Henry S. Allard

256 N. Long St



RETURN OF A BIRTH.

86569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

June 24, 1886

4. Place of Birth (Street and Number)

247 E. Howard St

5. Full Name of Mother

Catherine Benson

6. Mother's Maiden Name

Wallerich

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Geo. W. Benson

9. Father's Occupation

Clerk

Father's Birthplace

Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address 286 W. Carey St

Remarks

of the parents, and the mother name of the mother of such child or children.

RETURN OF A BIRTH 86561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

24th of May

4. Place of Birth, (Street and Number)

318 Eastern Ave. Highlandtown

5. Full Name of Mother,

Amelia Schludenberg

6. Mother's Maiden Name,

Baker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry Schludenberg

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

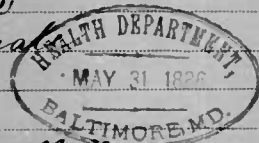
Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



For each office to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH

86562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 24th of May

4. Place of Birth, (Street and Number) 254 Eastern Ave

5. Full Name of Mother, Mary Rhodes

6. Mother's Maiden Name, Nelson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Rhodes

9. Father's Occupation, Sea Captain

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

For each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 86563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31 1886

4. Place of Birth, (Street and Number) 132 Baltimore St.

5. Full Name of Mother, Lillie Snyder

6. Mother's Maiden Name, " Birmingham

7. Mother's Birthplace, Buchanan Co. Mo.

8. Full Name of Father, Virginia Snyder

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Headrick Cooper M.D.

Address, 146.9 Howard St. Rm 213

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

16564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 31 1886*

4. Place of Birth, (Street and Number) *847 Columbia Ave*

5. Full Name of Mother, *Julia Joseph*

6. Mother's Maiden Name, *" Rollane*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Philip Joseph*

9. Father's Occupation, *Wholesale Auctioneer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Theodore C. Miller*

Address, *146 Madison*

Remarks,



RETURN OF A BIRTH

86.56.5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 24/86

4. Place of Birth, (Street and Number)

74 S. Wash. St.

5. Full Name of Mother,

Marg. A. Bennett

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

England

8. Full Name of Father,

James Bennett

9. Father's Occupation,

Traveling Agt.

10. Father's Birthplace,

England

Name of Medical Attendant,

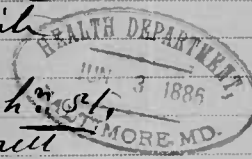
or other Person who makes this Return.

Rev. Mansfield M. D.

Address,

50 S. Broadway

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-#
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) col
3. Date of Birth, May 24 1886
4. Place of Birth, (Street and Number) 64 Summit Hill ave
5. Full Name of Mother, Charlett W. LeComary
6. Mother's Maiden Name, Charlett W. Matthews
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jacob Thomas LeComary
9. Father's Occupation, Produce Dealer
10. Father's Birthplace, Howard county
- Name of Medical Attendant, or other Person who makes this Return, Anne Johnson
- Address, 94 Tynan st
- Remarks,

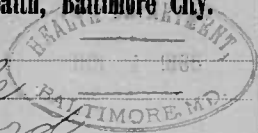
For each offense to be recovered as either fine and forfeiture or imprisonment are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86.567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth May 25, 1886
4. Place of Birth, (Street and Number) 1621 S. Howard St
5. Full Name of Mother, Hester Robertson
6. Mother's Maiden Name, Hester Roberts
7. Mother's Birthplace, Acamack Va
8. Full Name of Father, Henry R. Roberts
9. Father's Occupation, hunter
10. Father's Birthplace, Somerset Va
- Name of Medical Attendant, or other Person who makes this Return. Scholastic Williams
- Address, 1641 S. Howard St
- Remarks, five dollars



RETURN OF A BIRTH ⁸⁶⁵⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 25th

4. Place of Birth, (Street and Number) 22 Goulding St

5. Full Name of Mother, Berhardina Biese

6. Mother's Maiden Name, " Hahn

7. Mother's Birthplace, Berzeminick Germany

8. Full Name of Father, Joseph Biese

9. Father's Occupation, Painter

10. Father's Birthplace, Laor dr.

Name of Medical Attendant, or other Person who makes this Return Dr. Minch

Address, No 1 Leadmill St.

Remarks,



RETURN OF A BIRTH 86569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 25 1886

4. Place of Birth, (Street and Number) Argyle ave 297

5. Full Name of Mother, Elia Blalough

6. Mother's Maiden Name, Elia Garty

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Wm H Blalough

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, K. C. M. W.

Address, 19 Woodyscar st

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

86570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

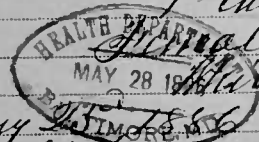
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



J. Chiles
M. Male
MAY 28 1886
May 28 1886
324 Light St
Laura Bristow
Laura Bristow
Baltimore
William Bristow
Mariner
Md
J. B. Artt, M.D.
50 Warren St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 May

4. Place of Birth, (Street and Number) 344 E. Fayette St.

5. Full Name of Mother, Annie Holzer

6. Mother's Maiden Name, Ranzer

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Holzer

9. Father's Occupation, Dairy

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs. Rose M. M. M.

Address, 48 Hollands

Remarks,



for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶⁵⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Tuesday 25th of May*

4. Place of Birth, (Street and Number) *381 W. Pratt St.*

5. Full Name of Mother, *Mrs. Emma A. Pickett*

6. Mother's Maiden Name, *Mrs. Emma A. Baker*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *George A. Pickett.*

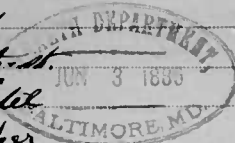
9. Father's Occupation, *Coach Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Seabach*

Address, *No. 439 W. Pratt Street*

Remarks,



report as such to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the sum of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

86573

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth. 57 N. Bond St. May 26th '86

4. Place of Birth (Street and Number) 357 N. Bond St.

5. Full Name of Mother Emma V. Heffner

6. Mother's Maiden Name " Wilhelm

7. Mother's Birthplace Balto. City

8. Full Name of Father Walter M. Heffner

9. Father's Occupation Painter

10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Tenby, M.D.

Address

Remarks

Signature of the Mother or such child or children.

For each offense to be recorded as other law and regulations are recoverable.

RETURN OF A BIRTH

86574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Charles Etmer, Rudolphi*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 26. 1886*

4. Place of Birth, (Street and Number) *59 Portland St.*

5. Full Name of Mother, *Mary Rudolphi*

6. Mother's Maiden Name, *Damer*

7. Mother's Birthplace, *Penna.*

8. Full Name of Father, *George C. Rudolphi*

9. Father's Occupation, *Clark*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.D.*

Address, *179 N. Howard St.*

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 86575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 26th. of May

4. Place of Birth, (Street and Number) 86 E Pratt

5. Full Name of Mother, Emma Kampes

6. Mother's Maiden Name, Koke

7. Mother's Birthplace, Europe

8. Full Name of Father, George Kampes

9. Father's Occupation, Wood-busines

Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this return, Sarah Casper

Address, 72 E. Lombard

Remarks,



RETURN OF A BIRTH ⁸⁶⁵⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



22 North St
Elizabeth Stange

Miller

Germany

Henry Stange

Cooper

Germany

D. A. Cooke M.D.

110 Fort av

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86577

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

May 26. 1886

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary E. Brongie
Brongie

6. Mother's Maiden Name

7. Mother's Birthplace

Washington

8. Full Name of Father

Geo. B. Brongie

9. Father's Occupation

Harness Maker

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address 286 N. Long St

Remarks

of the parents, and the maiden name of the mother of such child or children.

or persons who shall thereafter all comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁻⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 21 1886

4. Place of Birth, (Street and Number)

No 7 Jones St

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

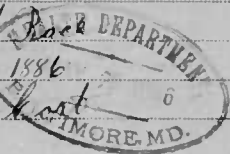
Name of Medical Attendant, or other Person who makes this Return,

Lucindia M. Hoafford

Address,

130 N. Regester St

Remarks,



NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH ⁸⁶⁵⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th May 1886

4. Place of Birth, (Street and Number) Number 20 Baltimore Ave

5. Full Name of Mother, Annie E. Griffith

6. Mother's Maiden Name, Smiley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry J. Griffith

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. W. H. ...

Address, 4012 Patterson Park

Remarks, _____



RETURN OF A BIRTH ⁸⁶⁵⁸⁰

To the Office Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

Brown complexion

3. Date of Birth, *May 26th 1886*

4. Place of Birth, (Street and Number)

No. 238 1/2 N. Howard St

5. Full Name of Mother,

Maria Taylor

6. Mother's Maiden Name,

Jimison

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Henry Taylor

9. Father's Occupation,

Poster

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Amelia Johnson

Address,

6 Hamilton St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*

Sex, (state whether male or female)

Female colored

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

May 26 1886

4. Place of Birth, (Street and Number)

No. 9 Winton St

5. Full Name of Mother,

Ellie Woodford

6. Mother's Maiden Name,

Ellie Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Eddie Woodford

9. Father's Occupation,

Labor

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woodford

Address,

136 S. Eager St

Remarks,

RETURN OF A BIRTH.

86512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

May 26 1886

4. Place of Birth (Street and Number)

94 E Fayette

5. Full Name of Mother

M. Merisa

6. Mother's Maiden Name

Stephan

7. Mother's Birthplace

Balto

8. Full Name of Father

C. W. Meyer

9. Father's Occupation

Dentist

Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. W. Meyer

Address

Remarks

28 Madison Ave.



returns its birth to the Commissioner of Health, in the manner and within the time herein prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fines of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 86583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth May 28th 1886

4. Place of Birth, (Street and Number) 223 A. Calfax St.

5. Full Name of Mother, Elizabeth Emrich

6. Mother's Maiden Name, Short.

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Henry Emrich

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Schlegel

Address, 223 Monument St.

Remarks,



to be a non-resident upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, May 20/86

4. Place of Birth, (Street and Number) 184 S. Bond Street

5. Full Name of Mother, Sarah Weinberg

6. Mother's Maiden Name, Salmsen

7. Mother's Birthplace, Polen

8. Full Name of Father, Isack Weinberg

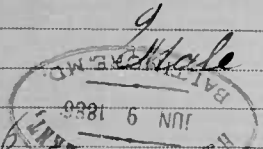
9. Father's Occupation, Laborer

10. Father's Birthplace, Polen

Name of Medical Attendant, or other Person who makes this Return, Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks, _____



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

He is given upon the mother, immediately thereafter if she become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *20 May 1886*

4. Place of Birth, (Street and Number) *63 1/2 Duane alley*

5. Full Name of Mother, *Fannie Stern*

6. Mother's Maiden Name, *Fannie Gach*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Leonard Stern*

9. Father's Occupation, *Sabrer*

10. Father's Birthplace, *Balt Md*

Name of Medical Attendant, or other Person who makes this Return. *Mary Koptiat*

Address, *63 1/2 Washington St*

Remarks,



RETURN OF A BIRTH

86586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 May 1886

4. Place of Birth, (Street and Number) 412 Lancaster St

5. Full Name of Mother, Mary Kasper

6. Mother's Maiden Name, Mary Ballatona

7. Mother's Birthplace, Bahama

8. Full Name of Father, Joe Kasper

9. Father's Occupation, Tailor

10. Father's Birthplace, Bahama

Name of Medical Attendant, or other Person who makes this Return. Mary Koptuch

Address, 69 N. Washington St

Remarks,



Report on birth to the Commissioner of Health, in the manner and within the period there required, and every person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

86587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

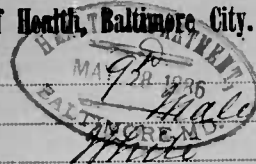
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



May 20 1886
26 Polkton St
Mary Dotsen
Mary Shrockley
Md
Jesse Dotsen
Mariner
Md
H. B. Noble, M.D.
50 Warren av

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *May 21st 1886*

4. Place of Birth, (Street and Number) *#140 Hoffman St.*

5. Full Name of Mother, *Louise Gensch*

6. Mother's Maiden Name, *Spengler*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Charles Gensch*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



*Mrs. (Emma) Hillegert
#1826 Monument St.*

report to birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other due and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 22 1886

4. Place of Birth, (Street and Number) 2 Barnes

5. Full Name of Mother, Maria Nosell

6. Mother's Maiden Name, Kasper

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Peter Nosell

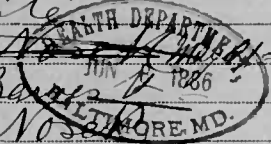
9. Father's Occupation, Wagner

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Josephine Conrad

Address, 20 Barnes

Remarks, _____



In case the birth of any child shall be attended by the physician or practitioner of midwifery, or should so other person be present, it shall be the duty of the person or persons so present, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH ⁴⁶⁵⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 21 1886*

4. Place of Birth, (Street and Number) *Corner of Patterson & Carey St.*

5. Full Name of Mother, *Maggie Kumpf*

6. Mother's Maiden Name, *Maggie Munniger*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Kumpf*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. C. Mesengold*

Address, *123 Mosher St.*

Remarks,



be in attendance upon the mother, immediately thereafter, and during the birth of the person or persons at such place, in
the city of Baltimore, and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 21

4. Place of Birth, (Street and Number) 16 116 Washington St

5. Full Name of Mother, Francis Emily

6. Mother's Maiden Name, Francis Johnston

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Emily

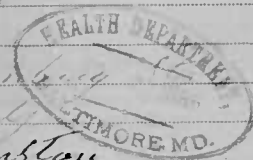
9. Father's Occupation, Glass Block

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M B Gustafson

Address, 16 116 North St

Remarks, During week



Any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th 1886*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *Mar 2 1886*

4. Place of Birth, (Street and Number) *312 E. Baltimore*

5. Full Name of Mother, *Laura W. Brown*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Balts Co. Md*

8. Full Name of Father, *John Welsh*

9. Father's Occupation, *Stone Cutter*

10. Father's Birthplace, *Balts Md*

Name of Medical Attendant, or other Person who makes this Return. *W. B. Billingsley*

Address, *228 E. Baltimore St*

Remarks, _____



RETURN OF A BIRTH ⁸⁶⁵⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

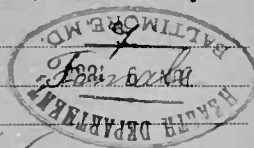
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



May 22/86

233 S. Bond St.

Kate Schuchmann

Strobel

Baltimore

William Schuchmann

Laborer

Baltimore

Mrs. Louise Kraft

142 S. Washington St.

Every birth is the responsibility of health in the manner and within the period above required, and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 22 May 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Kate Raum

6. Mother's Maiden Name, Kate Raum

7. Mother's Birthplace, Germany

8. Full Name of Father, John Raum

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. May Reptist

Address, 691 Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 23rd May 1886

4. Place of Birth, (Street and Number) 59 York Street

5. Full Name of Mother, Ellen Mc. Cormick

6. Mother's Maiden Name, " Branahan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Mc Cormick

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Dr. W. W. Wetsch

Address, 101 Barnes

Remarks, _____

RETURN OF A BIRTH

86596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23 of May
4. Place of Birth, (Street and Number) 11 Chestnut St.
5. Full Name of Mother, Laura Hitchens
6. Mother's Maiden Name, Laura Hawthorn
7. Mother's Birthplace, Virginia
8. Full Name of Father, Labor
9. Father's Occupation, Barber
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson
- Address, 14 Luglass St
- Remarks,

report the birth to the Registrar of Vital Statistics, Baltimore City, or persons who in the absence of the Registrar, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

56597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 May 1886

4. Place of Birth, (Street and Number) 131 N. Schappell St

5. Full Name of Mother, Mary Sue

6. Mother's Maiden Name, Mary Kline

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Sue

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kopitish

Address, 69 N. Washington St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

Report its birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who shall be so required to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, May 22 1886

4. Place of Birth, (Street and Number) 74 N. High St.

5. Full Name of Mother, Mary E. Magnus

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Balti. Co. Md.

8. Full Name of Father, Charles R. Magnus

9. Father's Occupation, Policeman

10. Father's Birthplace, Hartford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Edward J. McDevitt

Address, 37 Annapolis St.

Remarks, _____



no in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁵⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



May 23/86

304 Canton Chase

Wm Beck

Deshinger

Baltimore

William Beck

Clerk

Baltimore

Mrs. Louise Kraft

142 S. Washington

86600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

nd
mald
Photo
2.47/1836

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who violate the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to comply with the provisions of this section, and for each failure to report the birth.

RETURN OF A BIRTH ⁸⁶⁶⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

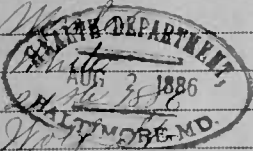
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)



3. Date of Birth.

May 24, 1886

4. Place of Birth, (Street and Number)

185 N. Mary St.

5. Full Name of Mother,

Maggie L. Mauline

6. Mother's Maiden Name,

Engel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William H. Mauline

9. Father's Occupation,

Book-keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

S. H. Seldner M. D.

Address,

1 E. W. Eager & Caroline St.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

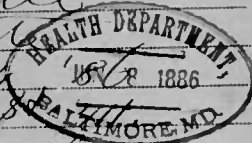
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 24



4. Place of Birth, (Street and Number)

Somerset

5. Full Name of Mother,

Louise Rosenberg

6. Mother's Maiden Name,

Same

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Frank Rosenberg

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Josephine Conrad

Address,

20 Barnes St

Remarks,

City

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 May 1886

4. Place of Birth, (Street and Number) 179 Bethel

5. Full Name of Mother, Mary Huddecock

6. Mother's Maiden Name, Mary Hata

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Huddecock

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary A. [Signature]

Address, 621 Washington St

Remarks,

RETURN OF A BIRTH

866001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 24 May 1886

4. Place of Birth, (Street and Number) 71 Dallas

5. Full Name of Mother, Mary Belnoske

6. Mother's Maiden Name, Mary Beranek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, James Belnoske

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hopf

Address, 69 Washington St

Remarks,



report its birth to the Commissioner of Health, to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 86605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Tuesday May 25th

4. Place of Birth, (Street and Number) 278 N. Eden St.

5. Full Name of Mother, Mrs. Mary A. Smith

6. Mother's Maiden Name, Mary A. Olsen

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George E. Smith

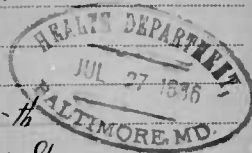
9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this return, William Binton M.D.

Address, Chas. St. + corner Plow

Remarks,



Report for Births to the Commissioner of Health, in the form and manner herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
Male

White

May 25

Baltimore

Annie Holand

Zucker

Bohemia

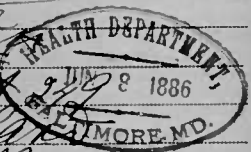
James Holand

Machinist

Bohemia

Josephine Coura

20 Barnes



See the Act in this respect, upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
for each offense to be recovered in full and no part thereof shall be paid in installments, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered in full and no part thereof shall be paid in installments, and any such person

RETURN OF A BIRTH. ⁸⁶⁶⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) *white male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *May 25. 1886*

4. Place of Birth, (Street and Number) *260 N. E. 1st St.*

5. Full Name of Mother, *Nellie Brown*

6. Mother's Maiden Name, *" Weigand*

7. Mother's Birthplace, *Ind.*

8. Full Name of Father, *John S. Brown*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return. *G. Lane Parneyhill*

Address, *219 Madison Ave*

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes any false statement in this regard, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other laws and forfeiture are recoverable.

RETURN OF A BIRTH. ⁸⁶⁶⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht.

3. Date of Birth May 25, 1886.

4. Place of Birth, (Street and Number) 123 Druid Hill ave

5. Full Name of Mother, Idelia L. R. Railing

6. Mother's Maiden Name, " " " Journal

7. Mother's Birthplace, md

8. Full Name of Father, Lewis W. Railing

9. Father's Occupation, shoemaker

10. Father's Birthplace, md.

Name of Medical Attendant, or other Person who makes this Return. G. Lane Taneyhill

Address, 219 Madison ave.

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 25th 1886

4. Place of Birth, (Street and Number)

69 Mc Keldery St

5. Full Name of Mother,

Barbra Georgeol

6. Mother's Maiden Name,

Barbra Harbode

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm Georgeol

9. Father's Occupation,

Tinner

10. Father's Birthplace,

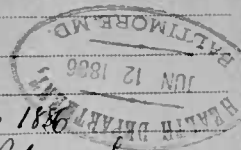
Balto

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, 185 S.C. cor Central av. & Monument.

Remarks, All Well



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

86610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 24, 1886

4. Place of Birth, (Street and Number)

North

5. Full Name of Mother,

Wm. D. Harrison

6. Mother's Maiden Name,

M.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D. Davis M.D.

Address,

Maternity

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *25 May 1886*

4. Place of Birth, (Street and Number) *82 Washington St*

5. Full Name of Mother, *Lilla Albertson*

6. Mother's Maiden Name, *Lilla Gill*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Thomas Gill*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Mary Koptich*

Address *69 N Washington St*

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 May 1886

4. Place of Birth, (Street and Number) 22 Biddle St

5. Full Name of Mother, Mary Bohanna

6. Mother's Maiden Name, Mary Bohanna

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Michael Bohanna

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kipphut

Address, 694 Washington St

Remarks,



RETURN OF A BIRTH

86613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25 1886

4. Place of Birth, (Street and Number) 220 E Orleans St

5. Full Name of Mother, Mary Ann Fehle

6. Mother's Maiden Name, Mary Ann Heek

7. Mother's Birthplace, Germany

8. Full Name of Father, George Fehle

9. Father's Occupation, Engineer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Wm. H. H. H.

Address, 694 Washington St

Remarks, _____



Report the birth of every child born in the city of Baltimore, and within the period above specified, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 26th 1886

4. Place of Birth, (Street and Number)

39 Watson St

5. Full Name of Mother,

Lucy Ross

6. Mother's Maiden Name,

Lucy Robison

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Charlie Ross

9. Father's Occupation,

Musician

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other data and forfeitures are recoverable.

Be the attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *May 26th 1886*
4. Place of Birth, (Street and Number) *#157 N. Front St.*
5. Full Name of Mother, *Maggie McShane*
6. Mother's Maiden Name, *M^c Kernan*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *William McShane*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. Lena Hillegast

#112 E. Monument St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



Report the birth of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 20 86*

4. Place of Birth, (Street and Number) *North Avenue*

5. Full Name of Mother, *Rose Sch*

6. Mother's Maiden Name, *Baltimore*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Davis*

Address, *Spaternite*

Remarks,

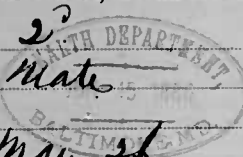


Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2^d
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 26

4. Place of Birth, (Street and Number)

McCulloch near Sumner

5. Full Name of Mother,

Fanny Mapp

6. Mother's Maiden Name,

Belmore

7. Mother's Birthplace,

Baer

8. Full Name of Father,

Wm. Mapp

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return,

Dr. M. Wilson

Address,

207 Mad. Av.

Remarks,

any person who shall fail to comply with the provisions of this act, or who shall be guilty of the breach or violation of any of the provisions of this act, shall be subject to a fine of not more than \$100, and to imprisonment for not more than 30 days, and the cost of the proceedings shall be recoverable.

RETURN OF A BIRTH

86619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 26/86

4. Place of Birth, (Street and Number)

226 Mount St. MD.

5. Full Name of Mother.

Minnie Heston

6. Mother's Maiden Name.

Hurley

7. Mother's Birthplace.

MD

8. Full Name of Father.

Harry Heston

9. Father's Occupation.

Clerk

10. Father's Birthplace.

MD

Name of Medical Attendant, or other Person who makes this Return

Dr. J. L. Linn

Address.

162 Hanover St

Remarks.

RETURN OF A BIRTH. ⁸⁶⁶²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth No 26 May 1886

4. Place of Birth, (Street and Number) No 24 Washington Avenue

5. Full Name of Mother, Susan Wood

6. Mother's Maiden Name, Susan Slark

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Wood

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C Seelbach.

Address, No 439 N Pratt Street

Remarks, _____

Births between the first and third day of each and every month, and the first day of each and every year, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician, or by the mother, or by the father, or by the person who shall hereafter be appointed by the Board of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subject to the due of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86631

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 first

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 27th 1886

4. Place of Birth, (Street and Number) 43. Randace st

5. Full Name of Mother, Annie Elizabeth Roberson

6. Mother's Maiden Name, Annie Elizabeth Lewis

7. Mother's Birthplace, Chester Co. Pa

8. Full Name of Father, John Elijah Roberson

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore Co. Md

Name of Medical Attendant, or other Person who
makes this Return, C. C. Zimmerman

Address, 87 N. Paca st

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth May 27th 1886

4. Place of Birth, (Street and Number) 67 President st.

5. Full Name of Mother, Genebra Conyn

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father, Augustus Conyn

9. Father's Occupation,

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH⁸⁶⁶²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 27th 1886

4. Place of Birth, (Street and Number)

No 108 Washington St

5. Full Name of Mother,

Annie Elizabeth Moore

6. Mother's Maiden Name,

" " Harriman

7. Mother's Birthplace,

Balt. County

8. Full Name of Father,

John Nelson Moore

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Green

Address,

466 N Gay St

Remarks,



Report is birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 (ten dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

27 of May

4. Place of Birth, (Street and Number)

18 St.

5. Full Name of Mother,

Harriet Mack

6. Mother's Maiden Name,

Barnie Langford

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Charles Mack

9. Father's Occupation,

Labor

10. Father's Birthplace,

Balto

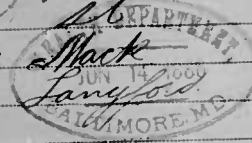
Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address,

14 Langford

Remarks,



report in birth to the Commissioner of Health in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

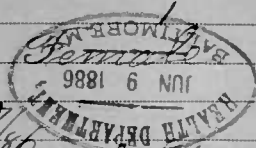
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



May 27, 1886
86 S. Chapel St
Mary Sauer
Penspice
Baltimore
Michael Sauer
Laborer
Germany
Mrs Louise Kraft
142 S. Washington St

RETURN OF A BIRTH^{96 626}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 27

4. Place of Birth, (Street and Number)

226

Mount St

5. Full Name of Mother,

Jessie Hurley

6. Mother's Maiden Name,

" Purdy

7. Mother's Birthplace,

Med

8. Full Name of Father,

Lewis Hurley

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Med

Name of Medical Attendant,

or other Person who makes this Return

Dr A Lewis

Address,

162 Harbour St

Remarks,

It is the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the death of illegitimate children, and may be liable to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁶⁶²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 29*
4. Place of Birth, (Street and Number) *141 Preston Street*
5. Full Name of *Kate Henry*
6. Mother's Maiden Name, *Kate Henry*
7. Mother's Birthplace, *Camden New Jersey*
8. Full Name of Father, *William Henry*
9. Father's Occupation, *Truck Driver*
10. Father's Birthplace, *Portland Maine*
- Name of Medical Attendant, or other Person who makes this Return, *Mr. Henry Cornish*
- Address, *No 13 Jordan Alley*
- Remarks,



RETURN OF A BIRTH.

86628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 27th 1886

4. Place of Birth, (Street and Number) No 71 Randall st

5. Full Name of Mother, Margreter Brosker

6. Mother's Maiden Name, Margreter Murphy

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Brosker

9. Father's Occupation, laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return.

Catharine Hornung

Address, No 18 Byrd st

Remarks,



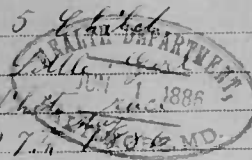
report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born 27th

4. Place of Birth, (Street and Number)

No 15 Brown Lane

5. Full Name of Mother,

Mrs Sell

6. Mother's Maiden Name,

Miss Pauline Hell

7. Mother's Birthplace,

West Prussia Germany

8. Full Name of Father,

Mr John Sell

9. Father's Occupation,

Labourer

10. Father's Birthplace,

West Prussia Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr. Miller

Address,

1017 West Pratt City

Remarks,

RETURN OF A BIRTH 86630

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

27 of May

4. Place of Birth, (Street and Number)

243 Dover St.

5. Full Name of Mother,

Ellen Watts

6. Mother's Maiden Name,

Ellen Howard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Billy Watts

9. Father's Occupation,

Brickyard

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

May of Mrs. Richardson

Address,

212 Dover St.

Remarks,



RETURN OF A BIRTH 86631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

27th of May

4. Place of Birth, (Street and Number)

456 E. Lombard

5. Full Name of Mother,

Christina Franz

6. Mother's Maiden Name,

Bart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius Franz

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return.

Sarah Grasper

Address,

72 E. Lombard

Remarks,



Report his birth to the Commissioner of Health, in the manner and within the period here required, and in case of failure to do so, or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

56632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth *May 27 1886*

4. Place of Birth, (Street and Number) *134 York Street*

5. Full Name of Mother, *Martha Wheeler*

6. Mother's Maiden Name, *Martha Giles*

7. Mother's Birthplace, *Taylor Island*

8. Full Name of Father, *James Wheeler*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *William Gross*

Address, *181 York Street*

Remarks,



Report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

the Registrar of Vital Statistics, Baltimore City, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
Colored

May 27 1886

289 Mcclurg St

Martha Chase

Martha Wilson

Sailors Island

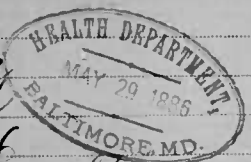
William Chase

Labor

Eastern Shore Md

Susan Morgan

1047 N Duham St



RETURN OF A BIRTH ⁸⁶⁶³⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 1886
199 St. Louis St.
BALTIMORE MD

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Maggie Bower

6. Mother's Maiden Name,

Edg.

7. Mother's Birthplace,

America

8. Full Name of Father,

Joseph Bower

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser Midwife

Address,

330 Hanover St.

Remarks,

of persons who shall be liable for failure to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

For persons born in this State, the fee for this return shall be subject to the fee of ten (10) dollars for each officer to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH

866.35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 27 May

4. Place of Birth, (Street and Number) 95 S. Bond St

5. Full Name of Mother, Johannah Katz

6. Mother's Maiden Name, Frieda Fuld

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Moses Katz

9. Father's Occupation, Clerk

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Rose Ulbrich
48 Hollands St
Baltimore



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 May

4. Place of Birth, (Street and Number) 86 Hampstead St.

5. Full Name of Mother, Mary Schmidt

6. Mother's Maiden Name, " Wicht

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Schmidt

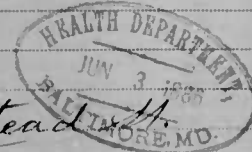
9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Mrs. Rose Ulbrich

Address, 48 Holland St.

Remarks, Balt.



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 866.37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth May 24. 8 PM.
4. Place of Birth, (Street and Number) No 29 Leath Street
5. Full Name of Mother, Annie Margarethe Piraketh
6. Mother's Maiden Name, Annie Margarethe Piraketh Odenburg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Henry Fred Hellmann
9. Father's Occupation, Maschinenist
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Charlotte Seebach
- Address, W. Pratt Street No 439
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in their favor and forfeitures are recoverable.

RETURN OF A BIRTH

86638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

24th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 28/86

4. Place of Birth, (Street and Number)

71 N Eden

5. Full Name of Mother,

Hannah Jacobi

6. Mother's Maiden Name,

" Ehrlich

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Emanuel H. Jacobi

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Washington - D.C.

Name of Medical Attendant, or other Person who makes this Return

Edward P. Dorian

Address,

824 Acorn Hill Rd

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH. ⁸⁶⁶³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 28th 1886

4. Place of Birth, (Street and Number) #23 E Monument St

5. Full Name of Mother, Mary Clarke

6. Mother's Maiden Name, Kane

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Ray Clarke

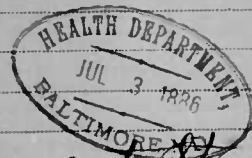
9. Father's Occupation, Teacher

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Hillegist

Address, #182 E Monument St

Remarks, _____



or person who shall hereafter fill its sample with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-14-55
RETURN OF A BIRTH

56640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Berulah Seldner Passano
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *May 28 1886*
4. Place of Birth, (Street and Number) *397 W. Broadway*
5. Full Name of Mother, *Elizabeth P. Passano*
6. Mother's Maiden Name, *Burrah*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis T. Passano*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *J. W. Seldner M.D.*
- Address, *1600 E. Caroline & Eager Sts*
- Remarks,

report a birth to the Commissioner of the Health Department, and within the period above specified, the person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of \$10, to be paid for each offense to be recovered in other than the usual manner.

RETURN OF A BIRTH ⁸⁶⁶⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5
Long
May 2
Horn
Louise Brail
Horn
Bohemian
Philip Brail
Labner
Bohemian
Josephine Conrad

HEALTH DEPARTMENT
MAY 2 1886
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) End Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

28 of May

4. Place of Birth, (Street and Number)

24 Fairmount Ave

5. Full Name of Mother,

Alic J Ford, Carren

6. Mother's Maiden Name,

Ford

7. Mother's Birthplace,

Samana stt

8. Full Name of Father,

John Carren

9. Father's Occupation,

Bay Capt

10. Father's Birthplace,

Samana stt Co MA

Name of Medical Attendant, or other Person who makes this Return.

M A Davenport

Address,

8 J D Ave

Remarks,

Mother & babe doing well



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 86643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28 86.

4. Place of Birth, (Street and Number)

St. Johns St.

5. Full Name of Mother,

John Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

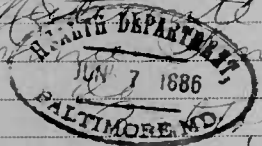
Name of Medical Attendant, or other Person who makes this Return.

W. J. Davis M.D.

Address,

Maternity

Remarks,

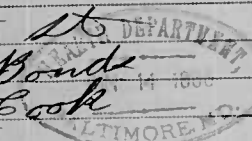


persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in their dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 28 of May
4. Place of Birth, (Street and Number) 13 east St
5. Full Name of Mother, Annie Bonds
6. Mother's Maiden Name, Annie Cook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leoid Bonds
9. Father's Occupation, Labr
10. Father's Birthplace, Cambridge Md
- Name of Medical Attendant, ^{or other Person who makes this Return.} Harriet Jackson
- Address, 14 Leuglar
- Remarks,



RETURN OF A BIRTH 86645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

28 of May

4. Place of Birth, (Street and Number)

125

Saloga

5. Full Name of Mother,

Mary Myers

Myers

6. Mother's Maiden Name,

Mary

Lester

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Philip Myers

Myers

9. Father's Occupation,

Labor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

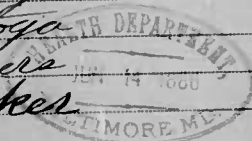
Harriet Jackson

Address,

144 Lexington St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the time prescribed, and the law shall be enforced against any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

86646

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28/86

4. Place of Birth, (Street and Number)

S. E. Cor. E. E. & Saratoga St.

5. Full Name of Mother,

Mrs. Mary

6. Mother's Maiden Name,

" Chew

7. Mother's Birthplace,

Augsburg Co. Me.

8. Full Name of Father,

James W. Mead

9. Father's Occupation,

Merchandise

10. Father's Birthplace,

Augsburg Co. Me.

Name of Medical Attendant, or other Person who makes this Return.

T. Chew. Worthington

Address,

#373 W. Fayette St.

Remarks,

RETURN OF A BIRTH 86647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28th 1886

4. Place of Birth, (Street and Number)

3 Mc Cubin

5. Full Name of Mother,

Wagon Hubbert

6. Mother's Maiden Name,

Wagon Macman

7. Mother's Birthplace,

Canada

8. Full Name of Father,

James Hubbert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

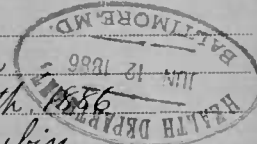
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, 185 S. E. corner Central ave. & Monument St.

Remarks, All Well



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH 86648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *fifth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 28th 1886*

4. Place of Birth, (Street and Number) *59. Deybergs. Alley*

5. Full Name of Mother, *Maggie Larkin*

6. Mother's Maiden Name, *Maggie Boyle*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Dominick Larkin*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Mar. Hunter*

Address, *21st Poppleton St*

Remarks,

Person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 86644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



White
May 28/11

10 Linn

Kate Becker

Stacy

Breant

Frank Becker

Boiler Maker

Baltimore

A. J. Carpenter

317 N. Lombard St

persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars each edeme to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ^{86.650}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (~~if not~~ of the white race) *White*

3. Date of Birth, *Friday May 28 1886*

4. Place of Birth, (Street and Number) *85 N. Front Street*

5. Full Name of Mother, *Amelia Amazin*

6. Mother's Maiden Name, *Amelia Granger*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *John G. Amain*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return, *Dr. King G. Gabrum*

Address, *No. 28. K. Prudikoff St. Baltimore*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



15
Male
White
May 28 1898
46 Duncan St
Milton A. Houseman
Shaw
Baltimore
Lucy Houseman
Laborer
Virginia
Mrs. E. Tracy
193 Chesapeake
Hawthorne

report for birth to the Commissioner of Health, in the manner and within the period and for the purpose required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 86652

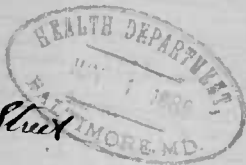
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth 28 day of May 1886
4. Place of Birth, (Street and Number) 163 Alexander
5. Full Name of Mother, Mary Beckhhammer
6. Mother's Maiden Name, Mary Becker
7. Mother's Birthplace, Germany
8. Full Name of Father, Josef Beckhhammer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, Doctor H. H. Harnemann
Address, 1620 S. Calver St.
Remarks, Mother's wife



RETURN OF A BIRTH 86653
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second 2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *28th May*
4. Place of Birth, (Street and Number) *223 - Dover Street*
5. Full Name of Mother, *Flouca Sewell*
6. Mother's Maiden Name, *Flouca Snowden*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Perry Sewell*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *St. Louis*
Name of Medical Attendant, or other person who makes this Return *May Jane Richardson*
Address, *219 Dover Street*
Remarks,



RETURN OF A BIRTH

86654

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 28

4. Place of Birth, (Street and Number)

89 Moores Alley

5. Full Name of Mother,

Sarah Hopkins

6. Mother's Maiden Name,

Sarah Hopkins

7. Mother's Birthplace,

Accomack County Virginia

8. Full Name of Father,

William Linn

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Accomack County Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mrs Charlotte Goldborough

Address,

89 Moores Alley

Remarks,



RETURN OF A BIRTH *86655*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 May 1886*

4. Place of Birth, (Street and Number) *55 Leannon St*

5. Full Name of Mother, *Maggie Weitzel*

6. Mother's Maiden Name, *Lotz*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Thomas Weitzel*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Chas W. Lery*

Address, *Ch 12 Patterson Park av*

Remarks,



report in birth to the Comptroller of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 18th 1886*

4. Place of Birth, (Street and Number) *Pitterson Park Av. No. 134.*

5. Full Name of Mother, *Elise Gleichmann*

6. Mother's Maiden Name, *Elise Old*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Christian Gleichmann*

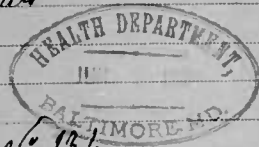
9. Father's Occupation, *Brecker*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,



RETURN OF A BIRTH ⁸⁶⁶⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st child}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Mar 1st, 28. 1886.*

4. Place of Birth, (Street and Number) *E. Monument St. near Chestnut St. No. 100*

5. Full Name of Mother, *Amelia Ott*

6. Mother's Maiden Name, *Amelia Knapp*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Konrad Ott*

9. Father's Occupation, *Bucher*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *May the 28. 1886*

4. Place of Birth, (Street and Number) *Forrest St. No. 140*

5. Full Name of Mother. *Henriette Brack*

6. Mother's Maiden Name. *Henriette Treulich*

7. Mother's Birthplace. *Balt. City*

8. Full Name of Father. *Charles E. Brack*

9. Father's Occupation. *Pharmacist*

10. Father's Birthplace. *Schmalharden, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this return. *Harry E. Müller*

Address. *N. Dallas St. No. 26*

Remarks,



No in attendance upon the Registrar, Baltimore, Md., or other person who makes this return, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 May
4. Place of Birth, (Street and Number) 7 Harrison St
5. Full Name of Mother, Giula Hyman
6. Mother's Maiden Name, Giula Mc Gintase
7. Mother's Birthplace, R. Poland
8. Full Name of Father, Joseph Hyman
9. Father's Occupation, Clothing store
10. Father's Birthplace, R. Poland
- Name of Medical Attendant, or other Person who makes this Return, W. King Robinson
- Address, 1228 N. Broadway St. La Fayette
- Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

within the period above required, except in the cases of the father and mother of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, May 29

4. Place of Birth, (Street and Number) 486 Franklin

5. Full Name of Mother, Mayb. Kroll

6. Mother's Maiden Name, Brinkman

7. Mother's Birthplace, Bald Md

8. Full Name of Father, Joseph Kroll

9. Father's Occupation, Baker

10. Father's Birthplace, Bald Md

Name of Medical Attendant, or other Person who makes this Return

Henry Chandler M.D.

Address, 181 Linden Av

Remarks.

RETURN OF A BIRTH 86661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Little Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29th May 1886*

4. Place of Birth, (Street and Number) *No 4 Tappan st*

5. Full Name of Mother, *Mrs Eyring*

6. Mother's Maiden Name, *Miss Margel Fisher*

7. Mother's Birthplace, *Lapen Germany*

8. Full Name of Father, *Mr August Eyring*

9. Father's Occupation, *Wheelwright*

10. Father's Birthplace, *Lapen Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Heiler*

Address, *1017 West Pratt St*

Remarks,

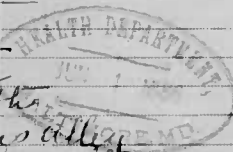
as all Births are subject to the provisions of the Act of 1882, and the person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86662

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *May 29 1880*
4. Place of Birth (Street and Number) *No 6 Butler's Alley*
5. Full Name of Mother *Miscilla Carroll*
6. Mother's Maiden Name *Johns*
7. Mother's Birthplace *Porter Road*
8. Full Name of Father *Alexander Carroll*
9. Father's Occupation *Sailor*
10. Father's Birthplace *St. Mary's Co.*
Name of Medical Attendant, or other Person who makes this Return. *Francis Kennedy*
Address *67 Leadenhall St*
Remarks *Strong well*



MADE ON THE DAY OF BIRTH OF CHILD.

RETURN OF A BIRTH 56663

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight 8*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *29 of May*
4. Place of Birth, (Street and Number) *237 Hood St.*
5. Full Name of Mother, *Sarah Skinner*
6. Mother's Maiden Name, *North Carolina*
7. Mother's Birthplace, *Sarah Johnson*
8. Full Name of Father, *Joseph Skinner*
9. Father's Occupation, *Seaboard*
10. Father's Birthplace, *North Carolina*
- Name of Medical Attendant, or other Person who makes this Return *May Jane Richardson*
- Address, *212 Hood St.*
- Remarks,



RETURN OF A BIRTH ⁸⁶⁶⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 of May

4. Place of Birth, (Street and Number)

Balta 144 South Street

5. Full Name of Mother,

Attile Kiske

6. Mother's Maiden Name,

Attile Logge

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ferdinand Kiske

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dunder

Address,

~~144 South Street~~

Remarks,

80 North Howard St



Missing 86665

RETURN OF A BIRTH. ⁸⁶⁶⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *May 29th 1886.*

4. Place of Birth, (Street and Number) *101 Lee st*

5. Full Name of Mother, *Annie E. Montgomery*

6. Mother's Maiden Name, *Annie E. Foster*

7. Mother's Birthplace, *City Baltimore*

8. Full Name of Father, *Daniel J. Foster*

9. Father's Occupation, *Iron Foundry*

10. Father's Birthplace, *City Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Emily Hughes*

Address, *137 York st*

Remarks, *The baby seems to be kind of sick*



no person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Saturday May 29th

4. Place of Birth, (Street and Number)

167 E. Hack M

5. Full Name of Mother,

Maggie Woodhouse

6. Mother's Maiden Name,

Evans

7. Mother's Birthplace,

Belt

8. Full Name of Father,

J. Woodhouse

9. Father's Occupation,

Compositor

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Susan Hunter

Address,

21 W. Coppellton St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

86668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 29th 1886

4. Place of Birth, (Street and Number)

10 S Central Ave

5. Full Name of Mother,

Anna Rock

6. Mother's Maiden Name,

" Matheau

7. Mother's Birthplace,

city

8. Full Name of Father,

Charles Rock

9. Father's Occupation,

Saniter

10. Father's Birthplace,

city

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Beck

Address,

120 Bank St.

Remarks,



Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁶⁶⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *29th of May 1886*

4. Place of Birth, (Street and Number) *607 Hamstead Street*

5. Full Name of Mother, *Ellen Baker*

6. Mother's Maiden Name, *Ellen Wagner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Wagner*

9. Father's Occupation, *Boxmaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel St. per Justina Kunkel.*

Remarks, *Healthy.*



RETURN OF A BIRTH ⁸⁶⁶⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 29 May
4. Place of Birth, (Street and Number) 49 Low St.
5. Full Name of Mother, Bella Cohen
6. Mother's Maiden Name, " Bellman
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Cohen
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Rose Albright
- Address, 488 Ballard St. Balt.
- Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86671

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 1886
4. Place of Birth, (Street and Number) Six hundred and 27 Charter st
5. Full Name of Mother, Margaret Sanford
6. Mother's Maiden Name, Margaret Sisson
7. Mother's Birthplace, Richmond County Va
8. Full Name of Father, John Sanford
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant; or other Person who makes this Return Mary E. Anderson
Address, No 18 Elys Street
Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20th 1900

4. Place of Birth, (Street and Number) Cor. Montgomery & St. Louis St.

5. Full Name of Mother, Peter K. Koster

6. Mother's Maiden Name, Koster

7. Mother's Birthplace, Poland

8. Full Name of Father, Max Gradyke

9. Father's Occupation, Stenographer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mary Hall

Address, 4328 E. Euter St.

Remarks, _____

or persons who shall errantly fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *May 30th*

4. Place of Birth, (Street and Number) *22. Little*

5. Full Name of Mother, *Matilda Noel*

6. Mother's Maiden Name, *Hayes*

7. Mother's Birthplace, *Westmoreland County, Va*

8. Full Name of Father, *Robert Noel*

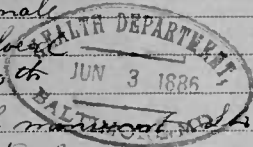
9. Father's Occupation, *Waiter*

10. Father's Birthplace, *South Carolina*

Name of Medical Attendant, or other Person who makes this Return. *Edna Johnson*

Address, *94 Lyson street*

Remarks,



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 30 1886.*

4. Place of Birth, (Street and Number) *6 Patterson Ave.*

5. Full Name of Mother, *Sophia T. Buschman*

6. Mother's Maiden Name, *Riezen*

7. Mother's Birthplace, *Pa.*

8. Full Name of Father, *John C. Buschman*

9. Father's Occupation, *Tobacconist*

10. Father's Birthplace, *Balt. Co.*

Name of Medical Attendant, or other Person who makes this Return *J. W. Christian M.D.*

Address, *506 Madison Ave.*

Remarks, *.....*



RETURN OF A BIRTH, 86675

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth May 30 1886
4. Place of Birth, (Street and Number) No 8 peach alley
5. Full Name of Mother Emilie planter
6. Mother's Maiden Name Emiline planter
7. Mother's Birthplace Bull City
8. Full Name of Father George planter
9. Father's Occupation Star Shucker
10. Father's Birthplace Cambridge Md &
- Name of Medical Attendant, or other Person who makes this Return. M. L. L. L.
- Address Georgetown planter
- Remarks residence No 2 peach alley

RETURN OF A BIRTH.

86676

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- of Child of Mother (state whether 1st, 2d, 3d, &c) ¹
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) African
3. Date of Birth May 30
4. Place of Birth (Street and Number) 21 Wyne street
5. Full Name of Mother Louise Robson
6. Mother's Maiden Name Louise Dyise
7. Mother's Birthplace Virginia
8. Full Name of Father William Dyise
9. Father's Occupation labor
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Larria Johnson
- Address 35 Wyne street
- Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 30th 1886

4. Place of Birth, (Street and Number)

611 Jefferson St

5. Full Name of Mother,

Eliza Woods

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

West Maryland Co Va

8. Full Name of Father,

Dr. H. H. H.

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other Person who makes this Return.

Robert H. H.

Address,

611 Jefferson St

Remarks,



Be it remembered that the undersigned, in compliance with the provisions of the Act, have caused the birth of the child named above to be registered, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 30 1886

4. Place of Birth, (Street and Number)

115 Mill St

5. Full Name of Mother,

Elisabeth Lutz

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

America

8. Full Name of Father,

Albert Lutz

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwartz midwife

Address,

330 Hanover St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *William Kraft*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sunday July 3 1895*

4. Place of Birth, (Street and Number) *Baltimore 116 E. Federal St*

5. Full Name of Mother, *Sarah Elisabeth Kraft*

6. Mother's Maiden Name, *Sarah Elisabeth Janssen*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *John Adam Kraft*

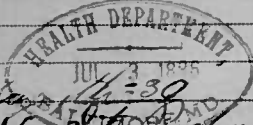
9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return, *Miss Bange*

Address, *226 Cross St*

Remarks, *STED CASE ADDED 6-24-51*



RETURN OF A BIRTH

86680

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. ☒ state whether male or female

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

30th of May

4. Place of Birth, (Street and Number)

62 Race St

5. Full Name of Mother,

Adeline Thomas

6. Mother's Maiden Name,

Adeline Massey

7. Mother's Birthplace,

Becil County

8. Full Name of Father,

William Thompson

9. Father's Occupation,

Oyster Shucker

10. Father's Birthplace,

Baltimore City

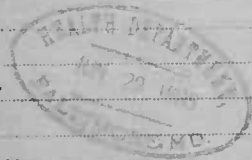
Name of Medical Attendant, or other Person who makes this Return

Caroline Moore

Address,

58 Race St

Remarks,



RETURN OF A BIRTH ⁸⁶⁶⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May the 30 1886*

4. Place of Birth, (Street and Number) *N. Wolfe St. No. 170*

5. Full Name of Mother, *Margaretha Block*

6. Mother's Maiden Name, *Margaretha Kraus*

7. Mother's Birthplace, *Howard County, St. Maryland*

8. Full Name of Father, *Heinrich Block*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Wannfeld, Gr. Hessian, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Haller*

Address, *N. Dallas St. No. 26*

Remarks,



or persons who shall hereafter be employed in the collection of the statistics, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 30*

4. Place of Birth, (Street and Number) *302 S. Sharp St.*

5. Full Name of Mother, *Cora Lee Cunningham*

6. Mother's Maiden Name, *Cora Lee Shelton*

7. Mother's Birthplace, *Richmond, Va.*

8. Full Name of Father, *George W. Cunningham*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Culpeper Co. Va.*

Name of Medical Attendant, or other Person who makes this Return, *Sharp & Co. 25 S. Boscawen*

Address, *Boscawen*

Remarks,



RETURN OF A BIRTH ⁸⁶⁶⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baltimore May 30, 1886*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *Caucas.*

3. Date of Birth, *May 30- 1886*

4. Place of Birth, (Street and Number) *No 68- Hamstead street*

5. Full Name of Mother, *Emma Smith*

6. Mother's Maiden Name, *Emma Smith*

7. Mother's Birthplace, *Northampton County Virginia*

8. Full Name of Father, *No Account of father*

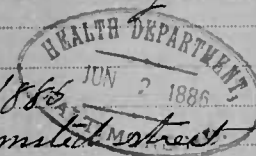
9. Father's Occupation, *None*

10. Father's Birthplace, *None*

Name of Medical Attendant, or other Person who makes this Return, *Leur Walker*

Address, *No. 15- Bethel street*

Remarks, *None*



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH ⁸⁶⁶⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 30th 1886

4. Place of Birth, (Street and Number)

107 Sharp St

5. Full Name of Mother;

Mary R. Harker

6. Mother's Maiden Name,

O'Neal

7. Mother's Birthplace,

Howard Co. Md

8. Full Name of Father,

Wm. H. Harker

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Balto. Co. Md

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address,

N. W. cor. Hanover & Barn St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary H 3d 1886*

1. Sex, (state whether male or female) *male child*

2. Race or Color, (if not of the white race) *Colored child*

3. Date of Birth, *May 11 3d 1886*

4. Place of Birth, (Street and Number) *157 - Euter street*

5. Full Name of Mother, *Maria J. Brown*

6. Mother's Maiden Name, *Maria J. Davis*

7. Mother's Birthplace, *Baltimore City md*

8. Full Name of Father, *William Edward Brown*

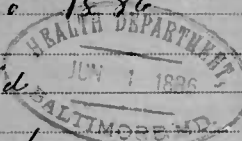
9. Father's Occupation, *Steamer*

10. Father's Birthplace, *Eastern Shore md*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Darkey Sanitar*

Remarks, *No 134 N. Chesnut street*



RETURN OF A BIRTH ⁸⁶⁶⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 30th 1886

4. Place of Birth, (Street and Number)

No 5 E. 1st St

5. Full Name of Mother,

Mary Menkens

6. Mother's Maiden Name,

" Feiger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bernhard Menkens

9. Father's Occupation,

Salver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr. Elia B. Bely

Address,

120 Bank St

Remarks,



RETURN OF A BIRTH ⁸⁶⁶⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First
Female
White

May 30 1886

58 Fairmount Ave

Mrs John T. Tyle

Miss Katie Brooks

Philadelphia

John T. Tyle

Clerks Broadstreet Co.

Baltimore Md

William J. Cathell M.D.

2 N. Broadway

or persons who shall have been found to be in violation of this section, shall be subjected to the fine of \$100 and pay for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31st May 1886.*

4. Place of Birth, (Street and Number) *61 Harrison St.*

5. Full Name of Mother, *Rebecca Mintz*

6. Mother's Maiden Name, *Rebecca*

7. Mother's Birthplace, *Russia, in Russia*

8. Full Name of Father, *Abraham S. Mintz*

9. Father's Occupation, *Store Keeper*

10. Father's Birthplace, *Russia Poland.*

Name of Medical Attendant, *Dr. King & Abraham*

or other Person who makes this Return.

Address, *1228 N. Spring St. Baltimore*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report is made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31st 1886

4. Place of Birth, (Street and Number) 269 E. Eager St.

5. Full Name of Mother, Johanna Hueggelmeyer

6. Mother's Maiden Name, " Ornen

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Hueggelmeyer

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Tenby, M.D.

Address, 238 N. Eden St.

Remarks, _____



RETURN OF A BIRTH 86690

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

first
Male
Colored

May 31 - H. A. M.

171 Hamburg St
Jim Rice

Colbert County Md
Patrick Allsop

Fireman Saml. Pencer
Colbert County Md

Miss M. White.



RETURN OF A BIRTH ⁸⁶⁶⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



May 31st 1886
411 E. Calver St.
Mrs. M. Hopwood
Mrs. M. Hopwood
Baltimore City
Richard H. Hopwood
Carver
Baltimore City
John L. C. Hager, M.D.
"273" Lexington St.

for each office to be recovered as other fines and forfeitures are recoverable.

Persons who fail hereafter to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May the 31st 1886

4. Place of Birth, (Street and Number) No. 178 Woodryear St

5. Full Name of Mother, Sarah Clark

6. Mother's Maiden Name, Cook

7. Mother's Birthplace, West-river

8. Full Name of Father, Samuel Clark

9. Father's Occupation, Laborer

10. Father's Birthplace, Washington D. C. Medicine

Name of Medical Attendant, or other Person who makes this Return, Mrs Charlotte Proctor

Address, No 10 Carlton St - City

Remarks,



RETURN OF A BIRTH

86694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

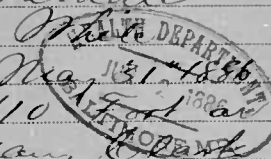
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)



3. Date of Birth,

May 1, 1886

4. Place of Birth, (Street and Number)

110 Fort Ave

5. Full Name of Mother,

Mary Elberta

6. Mother's Maiden Name,

Mary Sheldon

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Henry Clark

9. Father's Occupation,

Wire-Worker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

C. A. Cooke M.D.

Address,

110 Fort Ave

Remarks,

Report due within 10 days of the date of birth, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 866 35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 May

4. Place of Birth, (Street and Number) 164 E. Fayette St

5. Full Name of Mother, Jacobina Schab

6. Mother's Maiden Name, Jackson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Schab

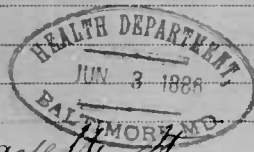
9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Mrs Rose Ullig

Address, 48 Hollands St

Remarks, Balt.



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

For each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

86696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ⁸⁶⁶⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31st 1886

4. Place of Birth, (Street and Number) Baltimore Poppleton St 1046

5. Full Name of Mother, Mary Ann Denny

6. Mother's Maiden Name, Dr. Dr. Cummings

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Denny

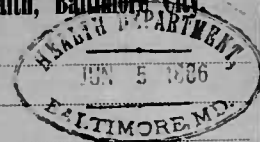
9. Father's Occupation, Car. Driver

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return M^r Hunter

Address, 21 N Poppleton St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁶⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male — Joseph L. Valentine
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 31 - 1886
 4. Place of Birth, (Street and Number) 31 Turner
 5. Full Name of Mother, Balinda Valentine
 6. Mother's Maiden Name, Turner
 7. Mother's Birthplace, Balto
 8. Full Name of Father, J. Joseph Valentine
 9. Father's Occupation, Teacher
 10. Father's Birthplace, Balto
 Name of Medical Attendant, J. E. Hahn or other Person who
 Address, 137 Adams St make this Return



Remarks, Full name added upon applying for a transcript.
Dr. Joseph L. Valentine is well known in the Health Department.

J. E. Hahn Aug. 23-1886

RETURN OF A BIRTH.

86699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 31, 1886

4. Place of Birth, (Street and Number) 142 Seneca St.

5. Full Name of Mother, Elizabeth Mary Krupp

6. Mother's Maiden Name, " " Behly

7. Mother's Birthplace, York, Penn.

8. Full Name of Father, Joseph Krupp

9. Father's Occupation, Tailor

10. Father's Birthplace, York, Penn.

Name of Medical Attendant, or other Person who makes this Return, Geo. A. Hartman M.D.

Address, 305 W. Caroline St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, May the 31st

4. Place of Birth, (Street and Number) Baltimore William St 922

5. Full Name of Mother, Emelia Clark

6. Mother's Maiden Name, Goldhamer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Clark

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Scattermon

Address, Light St 10 532

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Missing 86701

Report to the Registrar of Health, in the manner and within the time required, and any person who fails to do so, or who furnishes false information, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. ⁸⁶⁷⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 2nd*

1. Sex, (state whether male or female) *Male child*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth *the 1st day of June 1886*

Place of Birth, (Street and Number) *No 369 Morgan Street*

Name of Mother, *Mayling*

Mother's Maiden Name, *Smith*

Mother's Birthplace, *Baltimore Md. 1886*

8. Full Name of Father, *James*

9. Father's Occupation, *Baltimore Md. 1886*

10. Father's Birthplace, *Walter*

Name of Medical Attendant, or other Person who makes this Return. *Willie Grass*

Address, *181 York Street*

Remarks,



RETURN OF A BIRTH. ⁸⁶⁷⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Mother first*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Culard race*
3. Date of Birth *first of June*
4. Place of Birth, (Street and Number) *223 South York St*
5. Full Name of Mother, *Ellie Butler*
6. Mother's Maiden Name, *Ellie Mack*
7. Mother's Birthplace, *Charles County*
8. Full Name of Father, *James Butler*
9. Father's Occupation, *Culard man*
10. Father's Birthplace, *Charles County*
- Name of Medical Attendant, or other Person who makes this Return. *Millie Gross*
- Address, *181 York St*
- Remarks,



Persons who neglect to comply with the provisions of this section, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of children born to mothers who have failed to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth. Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 1st

4. Place of Birth, (Street and Number)

Light - near Baltimore Md

5. Full Name of Mother,

Sarah Hissey

6. Mother's Maiden Name,

Sarah Lizzie Hutton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Hissey

9. Father's Occupation,

Coaster

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mary Minster

Address,

630 Light-st

Remarks,



RETURN OF A BIRTH 86705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 1st 1870

4. Place of Birth, (Street and Number)

23 Elliott Street

5. Full Name of Mother,

Mrs. Ada Connor

6. Mother's Maiden Name,

Ada Hook

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Connor

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. R. A. Garrett

Address,

No 65 Burke St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4th Child born the 1st June*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *the first of June*

4. Place of Birth, (Street and Number) *No 744 Hanover St*

5. Full Name of Mother, *Liene Lettau*

6. Mother's Maiden Name, *Liene Schädell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Bernhard August Lettau*

9. Father's Occupation, *Scheemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Bozlin*

Address, *May Unit 255*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

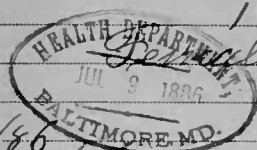
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



June 1/86

215 S. Bond St.

Johanna Birkmeyer
Krausling

Baltimore

Charles Birkmeyer
Clerk

Baltimore

Mrs Louise Kraft

142 S Washington St

RETURN OF A BIRTH ⁸⁶⁷⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sora N 1.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1 June 1886*

4. Place of Birth, (Street and Number) *134 N High St*

5. Full Name of Mother, *Dora Cohen*

6. Mother's Maiden Name, *Dora Wentz.*

7. Mother's Birthplace, *Austria*

8. Full Name of Father, *Louis Cohen*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *E. Scharman*

Address, *Albemarle St 26*

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall pervert or tamper with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and regulations are enforceable.

RETURN OF A BIRTH ⁸⁶⁷⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 1st 1886

4. Place of Birth, (Street and Number) 102 Benson St.

5. Full Name of Mother, Kate McAleer

6. Mother's Maiden Name, " Keleher

7. Mother's Birthplace, Ireland

8. Full Name of Father, Philip H. McAleer

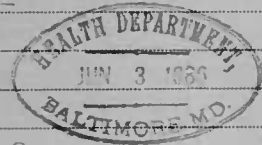
9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Ferby, M.D.

Address, 283 N. Eden St.

Remarks,



RETURN OF A BIRTH. 86710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *June 2, 1886*

4. Place of Birth, (Street and Number) *136 E. Hoffman St*

5. Full Name of Mother, *Lida Sullivan*

6. Mother's Maiden Name, *Lida Pitt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mrs. G. Sumner*

9. Father's Occupation, *Coal Dealer*

10. Father's Birthplace, *Frederick City*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, *Child Healthy.*

Dr. P. Powell, M.D.
509 St. Paul St. Baltimore



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 2. 18. 86

4. Place of Birth, (Street and Number)

210 William St

5. Full Name of Mother,

Catherine Calthringley

6. Mother's Maiden Name,

Catherine Sandlass

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Sandlass

Sandlass

9. Father's Occupation,

Capt.

10. Father's Birthplace,

Shrewsbury Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Chas. A. Wash

Address,

Remarks,



RETURN OF A BIRTH

86712

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Wh

3. Date of Birth,

June 2, 1886

4. Place of Birth, (Street and Number)

69 Chestland St.
Kate Reynolds

5. Full Name of Mother,

6. Mother's Maiden Name,

Don't know.

7. Mother's Birthplace,

Mass.

8. Full Name of Father,

Peter Reynolds

9. Father's Occupation,

Painter

10. Mother's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Arthur A. Benson

Address,

119 North Charles St.

Remarks,

ENTER NAME ADDED 2-6-5

RETURN OF A BIRTH.

86713

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Augusta Helen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *W*

3. Date of Birth *June 2^d 1886*

4. Place of Birth (Street and Number) *No 20 Jackson St*

5. Full Name of Mother *Martha ~~Harriet~~ Walstrom*

6. Mother's Maiden Name *Martha Horist*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Wm M. Walstrom*

9. Father's Occupation *House Carpenter*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *John S. Lynch M.D.*

Address *1 S. Broadway*

Remarks

RETURN OF A BIRTH 86714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Scheufler - Balto June 3rd 1886
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Balto June 2nd 1886.*

4. Place of Birth, (Street and Number) *31 S. Chester Street.*

5. Full Name of Mother, *Annie Scheufler.*

6. Mother's Maiden Name, *Annie Philipp.*

7. Mother's Birthplace, *America.*

8. Full Name of Father, *Charles Scheufler.*

9. Father's Occupation, *Jackal Maker.*

10. Father's Birthplace, *America.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Mary Amend.*

Address, *137 South Wolfe Street.*

Remarks, *At* GIVEN NAME ADDED. 1-8-52



Report of birth to the Office of Registrar of Vital Statistics, Baltimore City, must be made within the time specified in the regulations of this section, and any person who fails to do so, or who makes a false report, shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

June 2nd 86

4. Place of Birth, (Street and Number)

205 S. Howard St.

5. Full Name of Mother,

Maria M. Kethe

6. Mother's Maiden Name,

Katz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sam F. Kethe

9. Father's Occupation,

Cutter

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return

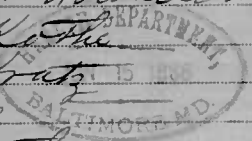
Mary Holt

Address,

328 S. Eglar St.

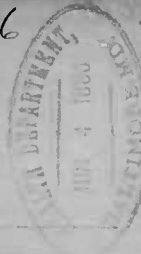
Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 86716

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *2d of June*

4. Place of Birth (Street and Number) *at 219 St. Charles*

5. Full Name of Mother *Anna Gladky*

6. Mother's Maiden Name *Pazurick*

7. Mother's Birthplace *Bohemia*

8. Full Name of Father *John Gladky*

9. Father's Occupation *Shoemaker*

Father's Birthplace *Bohemia*

Name of Medical Attendant, or other Person who makes this Return. *Caterina Pazurick*

Address *1641 St. Louis*

Remarks *Born alive*

Persons who fail to report the birth of a child, or who fail to report the death of a person, or who fail to report the marriage of a person, or who fail to report the adoption of a child, or who fail to report the change of name of a person, or who fail to report the change of residence of a person, or who fail to report the change of occupation of a person, or who fail to report the change of marital status of a person, or who fail to report the change of sex of a person, or who fail to report the change of race or color of a person, or who fail to report the change of date of birth of a person, or who fail to report the change of place of birth of a person, or who fail to report the change of full name of a person, or who fail to report the change of mother's maiden name of a person, or who fail to report the change of mother's birthplace of a person, or who fail to report the change of full name of a father of a person, or who fail to report the change of father's occupation of a person, or who fail to report the change of father's birthplace of a person, or who fail to report the change of name of medical attendant of a person, or who fail to report the change of address of a person, or who fail to report the change of remarks of a person, shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

1886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male (86717)

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

June 2, 1885

4. Place of Birth, (Street and Number)

No. 2 Mulliken St. E.

5. Full Name of Mother,

James C. C. C.

6. Mother's Maiden Name,

C. C. C.

7. Mother's Birthplace,

C. C. C.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Lucinda H. H.

Address,

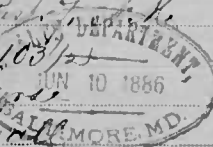
136 Regent St.

Remarks,

RETURN OF A BIRTH⁵⁶⁷¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Born in Baltimore Id.
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 2^d 1886 25 minutes past 10
4. Place of Birth, (Street and Number) Orchard St. No. 103 1/2
5. Full Name of Mother, Mary Elizabeth Travis
6. Mother's Maiden Name, Mary Elizabeth Harris
7. Mother's Birthplace, Baltimore city Md.
8. Full Name of Father, Matthew Williams Travis
9. Father's Occupation, Minister of Baltimore Annual Conference
10. Father's Birthplace, Baltimore city Maryland
Name of Medical Attendant, or other Person who makes this Return, Eliza - Cornish
Address, No. 81 Harmon Lane Prig 10
Remarks, 1. Children born in the State of Georgia



RETURN OF A BIRTH ^{867 19}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 2nd 1886

4. Place of Birth, (Street and Number)

420 Canton

5. Full Name of Mother,

Mary Kirkam

6. Mother's Maiden Name,

Mary Haszner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kirkam

9. Father's Occupation,

House Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

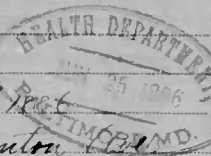
Mrs R. A. Garrett

Address,

No 66 Burkett

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH ⁸⁶⁷²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) colored

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 2/86

4. Place of Birth, (Street and Number) 208 S. Dallas St.

5. Full Name of Mother, Mary Scott

6. Mother's Maiden Name, Thomas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Scott

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above prescribed. Any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 2/86

4. Place of Birth, (Street and Number)

314 Eastern Ave.

5. Full Name of Mother,

Mary Flanner

6. Mother's Maiden Name,

Plesinger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Kuhn Floerher

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

142 S. Washington St.

Remarks,

RETURN OF A BIRTH ⁸⁶⁷²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 2nd

4. Place of Birth, (Street and Number)

123 Mosher St

5. Full Name of Mother,

Lizzie Neuen dorff

6. Mother's Maiden Name,

Lizzie Mesenghe

7. Mother's Birthplace,

Balto-land

8. Full Name of Father,

Richard Neuen dorff

9. Father's Occupation,

Insurance. Agt

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs W Mesenghe

Address,

123 Mosher St

Remarks,



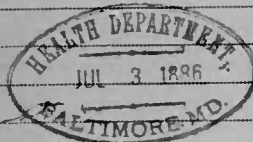
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{867 23}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *2nd of June*
4. Place of Birth, (Street and Number) *112 Warren*
5. Full Name of Mother, *Maggie Leggett*
6. Mother's Maiden Name, *Maggie Suran*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Edward Leggett*
9. Father's Occupation, *Funerary Assistant*
10. Father's Birthplace, *Alexandria Va*
- Name of Medical Attendant, or other Person who makes this Return, *Wm W Dargatz*
- Address, *426 Cross st*
- Remarks,



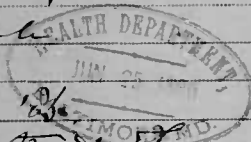
For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Jan 25 1886
4. Place of Birth, (Street and Number) S. W. Cor. North & Pleasant St.
5. Full Name of Mother, Celia Kehoe
6. Mother's Maiden Name, Celia Kavanagh
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Kehoe
9. Father's Occupation, Sawyer
- Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, John F. McManis M.D.
- Address, S. W. Corner of Pleasant St.
- Remarks,



RETURN OF A BIRTH.

86425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

June 3rd

4. Place of Birth (Street and Number)

41 S. Burke St

5. Full Name of Mother

Mrs. Louisa Brendel.

6. Mother's Maiden Name

Mrs. Louisa Michelmann.

7. Mother's Birthplace

Baltimore, City.

8. Full Name of Father

Henry Brendel.

9. Father's Occupation

Carpenter.

10. Father's Birthplace

Baltimore Co.

Name of Medical Attendant, or other Person who makes this return

Mrs. Mary Michelmann

Address

41 S. Burke St

Remarks



RETURN OF A BIRTH ⁸⁷⁶²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 3rd 1886

4. Place of Birth, (Street and Number) 63. Duncan alley.

5. Full Name of Mother, Maria Hutchins

6. Mother's Maiden Name, Boser

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Joseph Hutchins

9. Father's Occupation, Eng. merchant

10. Father's Birthplace, _____

Name of Medical Attendant, Francis Anderson
or other Person who makes this Return

Address, No 30 Mc. Cubbin st.

Remarks, _____

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.



RETURN OF A BIRTH ⁸⁶⁴²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd of Jan

4. Place of Birth, (Street and Number) 64 North Street

5. Full Name of Mother, Frank Cannole

6. Mother's Maiden Name, Katie Long

7. Mother's Birthplace, Baltimore

8. Full Name of Father, C. B. Cannole

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs. Hamler

Address, 60 North Frederick St.

Remarks,

RETURN OF A BIRTH 867 28

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male
White

June 3

152 Point Lane

Catharine Jones

Catharine Pagan

Baltimore

William Jones

Right Watchman

Cannada

Jane E Bagless

352 Hartford Ave

Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

June 3rd 86

4. Place of Birth, (Street and Number)

350 Hamilton St

5. Full Name of Mother,

Annie Filmore

6. Mother's Maiden Name,

Amstutz

7. Mother's Birthplace,

Pratts

8. Full Name of Father,

Henry F. Filmore

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Pratts

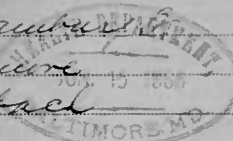
Name of Medical Attendant, or other Person who makes this Return.

Mary Hook

Address,

528 S. E. 1st St

Remarks,



RETURN OF A BIRTH, 86730

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth 1 day of June
4. Place of Birth, (Street and Number) Baltimore East Street No 27
5. Full Name of Mother Mary Queen Howard
6. Mother's Maiden Name Mary Queen Craxley
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles H. Howard
9. Father's Occupation laborer
10. Father's Birthplace Baltimore
11. Name of Medical Attendant, or other Person who makes this Return. Mrs. Campbell
- Address 901 W. Lexington St. Baltimore
- Remarks Baltimore North and do in well

RETURN OF A BIRTH. 86731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 3 June

4. Place of Birth, (Street and Number) 89 McAdams

5. Full Name of Mother, Jennie Butler

6. Mother's Maiden Name, Schultz

7. Mother's Birthplace, Germany

8. Full Name of Father, Abraham G. Sherman

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. [illegible]

Address, 44 Caroline St.

Remarks,



Report of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

copy of the record or returns of such child to report to the Board of Health, in two hundred and fifty dollars, and if the child is illegitimate, and the mother of illegitimate children, and any other person who is guilty of such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁶⁷³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *June 3rd*

4. Place of Birth, (Street and Number) *No. 18 E Biddle St*

5. Full Name of Mother, *Rogeretta Siefert*

6. Mother's Maiden Name, *Mitchling*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Otto Siefert*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Louisa Schutte*

Address, *No. 24 E Chew St*

Remarks, _____

RETURN OF A BIRTH ⁸⁶⁷²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *child 5 th Mary Eliza*

1. Sex, (state whether male or female)

female
Colored

2. Race or Color, (if, not of the white race)

3. Date of Birth,

June 9

4. Place of Birth, (Street and Number)

Baltimore Plumely 69

5. Full Name of Mother,

Margret Lee

6. Mother's Maiden Name,

Margret Bacon

7. Mother's Birthplace,

Arnold County

8. Full Name of Father,

Spayman Arnold

9. Father's Occupation,

Spayman

10. Father's Birthplace,

Wagertown

Name of Medical Attendant, or other Person who makes this Return

Annie Johnson

Address,

Plumely 80

Remarks,

will in the period above required, except in the cases of the births and deaths of illegitimate children, and of a person who is not a resident of Baltimore City, to a fine of ten dollars for each offense to be recovered in other cases and penalties are reversible.

RETURN OF A BIRTH ⁸⁶⁷³⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 3rd*

4. Place of Birth, (Street and Number) *No 89 Ridgely St.*

5. Full Name of Mother, *Minnie Weibrecht*

6. Mother's Maiden Name, *Minnie Reuter*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Conrad Weibrecht*

9. Father's Occupation, *Cooper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person, who makes this Return. *Miss M. Sch*

Address, *No 1 Leadenhall St*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

person
ten; (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.
report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten; (10) dollars

RETURN OF A BIRTH. 86735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth June 3, 1886

4. Place of Birth, (Street and Number) No. 22 N. 1st St. City

5. Full Name of Mother, Sarah Winder

6. Mother's Maiden Name, Sarah Hall

7. Mother's Birthplace, Virginia

8. Full Name of Father, Quincy Winder

9. Father's Occupation, Drayman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary E. Jones

Address, 544 Saratoga St

Remarks,



within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁷³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 3: 1886

4. Place of Birth, (Street and Number)

295 Cassatt St

5. Full Name of Mother,

Cassatt C. Morris

6. Mother's Maiden Name,

Robinson

7. Mother's Birthplace,

Ann Arundel

8. Full Name of Father,

Stephen S. Morris

9. Father's Occupation,

Prof. City College

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

P. B. Williams

Address,

201 Madison Ave

Remarks,



RETURN OF A BIRTH ^{867.37}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mary Rich

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

3rd of June

4. Place of Birth, (Street and Number)

Lindis Ave No 127

5. Full Name of Mother,

Mary Loustone Rich

6. Mother's Maiden Name,

Mary H. Leo

7. Mother's Birthplace,

Wilmington D.C.

8. Full Name of Father,

William C. Rich

9. Father's Occupation,

Cook. Franklin D.C.

10. Father's Birthplace,

Franklin D.C.

Name of Medical Attendant, or other Person who makes this Return.

Hester Colancho

Address,

39 Little Monument Street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 of Jan

4. Place of Birth, (Street and Number) No 12 South St

5. Full Name of Mother, Catharine Bankhead

6. Mother's Maiden Name, Catharine Skinner

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Oscar H. Laveland

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Riley

Address, 44 Walker St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male ~~or~~ female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June, the 3, 1886.*

4. Place of Birth, (Street and Number) *Holland St. No. 5*

5. Full Name of Mother, *Maria Weber*

6. Mother's Maiden Name, *Maria Berner*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Joseph Weber*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Balt^o City, ~~Germany~~*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Miller*

Address, *N. Dallas St. No. 26.*

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶⁷⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ⁴

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

June 3. 1886

4. Place of Birth, (Street and Number)

175 N. Bethel St.

5. Full Name of Mother,

Lizzie Mash

6. Mother's Maiden Name,

Jahon

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ernest Mash

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address, #5 Walker St. Balto Md.

Remarks,



SIXTH NAME ADDED 8-7-81
RETURN OF A BIRTH, 86741

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Edward Colgate Bowen
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth June 3^d 1886
4. Place of Birth, (Street and Number) 351 E. Pratt St.
5. Full Name of Mother Ida Eliza Bowen
6. Mother's Maiden Name Ida E. Turner
7. Mother's Birthplace East Greenwich, Rhode Island
8. Full Name of Father Josias Mansbury Bowen
9. Father's Occupation Merchant
10. Father's Birthplace Potapscow Neck, Baltimore County, Md.
Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell
Address 207 N. Broadway
Remarks _____



RETURN OF A BIRTH

86742

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

June 2nd

4. Place of Birth, (Street and Number)

10 E. Morris Street

5. Full Name of Mother,

Maggie Rock

6. Mother's Maiden Name,

Gerber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Howard Rock

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baltimore

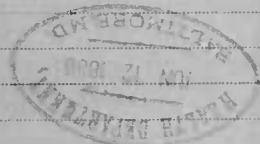
Name of Medical Attendant, or other Person who makes this Return

Mrs. Mary Hanger

Address,

112 Scott St

Remarks,



RETURN OF A BIRTH. ⁸⁶⁷⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 3 1856

4. Place of Birth, (Street and Number) 731 Hanover

5. Full Name of Mother, Sarah Piecher

6. Mother's Maiden Name, S. Menget

7. Mother's Birthplace, Germany

8. Full Name of Father, Fredrick Piecher

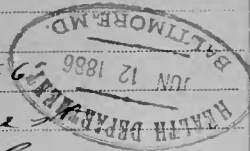
9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 18 Bynd

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of (ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

516740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



June 1886
123 E. Biddle St

Dora Pink

Mary

Baltimore

John L. Pink

Printer

Baltimore

S. W. Seldner M. D.

S. E. Orr Eager Caroline St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report its birth to the Commissioner of Health, the marriage and within the period above required, and any such person shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

86740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 4. 86

4. Place of Birth, (Street and Number)

1 Grindall

5. Full Name of Mother,

Margaret Ann Booth

6. Mother's Maiden Name,

Phillips

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Henry Booth

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Chesapeake City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann P. B. B.

Address,

Remarks,



RETURN OF A BIRTH

56746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 4th 1886*
4. Place of Birth, (Street and Number) *166 Myrtle Ave*
5. Full Name of Mother, *Eudocia A. Penning*
6. Mother's Maiden Name, *" " Myers*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Thos. Jefferson Penning*
9. Father's Occupation, *Clerk*
10. ☒ Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return *J. Hamey Hill M.D.*
Address, *127 Arling Ave*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child (3rd)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 4th 1886

4. Place of Birth, (Street and Number)

No. 243 N. Eden St. Cor. Madison St.

5. Full Name of Mother,

Mrs. Magdalen Clarke

6. Mother's Maiden Name,

Miss Magdalen Bachheimer

7. Mother's Birthplace,

Baltimore, Maryland

8. Full Name of Father,

Mr. George W. Clarke

9. Father's Occupation,

Produce Merchant

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant,

or other Person who makes this Return.

Dr. H. Lindner, M.D.

Address,

No. 102 N. Broadway

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



86748

report its birth to the Commissioner of Franchises, in the manner and within the time specified in the regulations. The birth of a corporation or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

14-

Male

2. Race or Color, (if not of the white race)

June 4 / 80

Lexington & Poppleton 5c

Sophia Hanswald

Cumbe
BALTIMORE, MD.

Only

John Philip Hanswold.

Baker

Germany

Dr. Newman

on 119 W. Independence St.

by A. C. C. F. T. P. S. and Stationers.

report its birth to the Commissioner of Health, in the manner and within the period and at the place required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, 6-4-'86

4. Place of Birth, (Street and Number) 105 George

5. Full Name of Mother, Rebecca Wright

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Balt. Co.

8. Full Name of Father, John Wright

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Caroline E. Smith, Jr. D.

Address, 145 Park Ave. Balt. Md.

Remarks,



RETURN OF A BIRTH ⁸⁶⁷⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶⁷⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 4th 1886

4. Place of Birth, (Street and Number)

185 Johns St

5. Full Name of Mother,

Mary L. Eaten

6. Mother's Maiden Name,

Mary L. Shillinggar

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Washington Eaten

9. Father's Occupation,

Seaman

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ann Clark

Address,

Remarks,



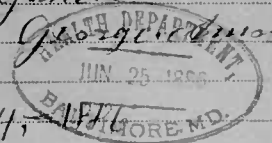
Persons who shall violate the provisions of this section, and be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Yug. Hill*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *June the 4, 1886*
4. Place of Birth, (Street and Number) *percent al. 7c*
5. Full Name of Mother, *Jugy Hill*
6. Mother's Maiden Name, *annie Corish* *board St. street. 34*
7. Mother's Birthplace, *Franklin County, Va*
8. Full Name of Father, *George Henry Gury* *page 82*
9. Father's Occupation, *Truck driver*
10. Father's Birthplace, *Gury, page County, Va*
- Name of Medical Attendant, or other Person who makes this Return, *annie Corish*
- Address, *board St. street 34*
- Remarks,



he to attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, and if such person or persons shall fail to do so, he or they shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{over} 86753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - George

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4, 1886

4. Place of Birth, (Street and Number) No. 107, Olive St.

5. Full Name of Mother, Mary A. H. Hale

6. Mother's Maiden Name, Hale

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, James T. Hale

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Annie Jones

Address, No. 634, Light St.

Remarks, _____



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense so as reserved as after above and forfeitures are recoverable.

RETURN OF A BIRTH

86754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

black

3. Date of Birth,

June 4th

4. Place of Birth, (Street and Number)

3 N. Spring St

5. Full Name of Mother,

Mary H. Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Wilmington Del

8. Full Name of Father,

Berj Johnson

9. Father's Occupation,

laborer

10. Father's Birthplace,

Balti Md

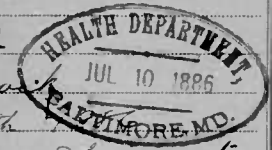
Name of Medical Attendant, or other Person who makes this Return.

Mr B. Billington

Address,

228 E. Prater

Remarks,



Persons who shall be liable to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 4th 1885

4. Place of Birth, (Street and Number) 124 Cross St

5. Full Name of Mother, Julia Hain

6. Mother's Maiden Name, Parris

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Edward Hain

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Murch

Address, 101 Linden Hall St

Remarks,



RETURN OF A BIRTH ⁸⁶⁷⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

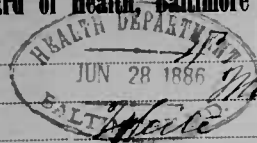
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



June 4 1886

61 William St

Amelia Griffith

Amelia Hansen

Calvert Co. Md

William Griffith

Salesman

Calvert Co. Md

H B Noble M.D.

50 Warren St

RETURN OF A BIRTH ^{86/87}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 June 1886

4. Place of Birth, (Street and Number) Gen Seneca St. N. E.

5. Full Name of Mother, Bertha Tgehoff

6. Mother's Maiden Name, Bertha Meister

7. Mother's Birthplace, Germany

8. Full Name of Father, Edmund Tgehoff

9. Father's Occupation, Tinner

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Lana Schweikart

Address, 127 Lombard St.

Remarks, _____

Duty of the parent or parents of every child born in Baltimore, Md., is to report the birth of the child, and certify of the date and place of birth, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth of the child. Failure to do so is a misdemeanor, and may result in a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5th 1886

4. Place of Birth, (Street and Number) 7 W. Biddleton

5. Full Name of Mother, May C. Southwick

6. Mother's Maiden Name, Green

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, J. F. Evans

9. Father's Occupation, clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, Thomas Opie M.D.

Address, 179 N. Howard St

Remarks,

A birth certificate is not valid unless it is signed by the Registrar of Vital Statistics, or by a person authorized by him to sign the same, and unless it is filed in the office of the Registrar of Vital Statistics, or in the office of the Registrar of Vital Statistics of the city or county in which the birth occurred, and unless it is filed in the office of the Registrar of Vital Statistics, or in the office of the Registrar of Vital Statistics of the city or county in which the birth occurred, and unless it is filed in the office of the Registrar of Vital Statistics, or in the office of the Registrar of Vital Statistics of the city or county in which the birth occurred.

RETURN OF A BIRTH ⁸⁶⁷⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male ~~or~~ female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 5th*

4. Place of Birth, (Street and Number) *249 West Biddle*

5. Full Name of Mother, *Theresa L Bowers*

6. Mother's Maiden Name, *Theresa L Hornoser*

7. Mother's Birthplace, *Balti. City M. D.*

8. Full Name of Father, *George Bowers*

9. Father's Occupation, *Paper Hanger*

10. Father's Birthplace, *Baltimore City M. D.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Eight Months Child.



report as birth to the Commissioner of Health, at the mother's and father's request, and when the mother and father are not present, the report shall be made by the physician or other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Barre st
Mary E. Stubbs
Smith

Va
Edward S. Stubbs
Comm. Merchant

Va
R. C. Lee
Hanover st

RETURN OF A BIRTH. ⁸⁶⁷⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th



1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth June 5th 1886

4. Place of Birth, (Street and Number) 179 E. Lombard st.

5. Full Name of Mother, Hannah Gordon

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Abraham Gordon

9. Father's Occupation, Redder

10. Father's Birthplace, Europe

Name of Medical Attendant, ^{or other Person who makes this Return.} Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks, _____

Report its birth to the Commissioner of Health in the manner and within the period above required, and pay such person for per-
sonal service rendered in the execution of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and pay each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

85763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *the 3*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth *the 5th of June*

4. Place of Birth, (Street and Number) *111 York*

5. Full Name of Mother, *Carthing Parley*

6. Mother's Maiden Name, *Carthing ear*

7. Mother's Birthplace, *Nothing for finger*

8. Full Name of Father, *Jim Parley*

9. Father's Occupation, *Oyster Shuck*

10. Father's Birthplace, *Achuck country*

Name of Medical Attendant, or other Person who makes this Return. *Wiley Gross*

Address, *191 York street*

Remarks,



he is arraigned upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
pay a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Balto June 5th 1886*

4. Place of Birth, (Street and Number) *140 South Wolfe St.*

5. Full Name of Mother *Adolphina Horst*

6. Mother's Maiden Name *Adolphina Brown*

7. Mother's Birthplace *Germany*

8. Full Name of Father *John Horst*

9. Father's Occupation *Baker*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address *137 South Wolfe St.*

Remarks, *5*



RETURN OF A BIRTH

86765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 5, 1886*

4. Place of Birth, (Street and Number) *S. Spring St. No. 14*

5. Full Name of Mother, *Louise Schiefer*

6. Mother's Maiden Name, *Louise Kern*

7. Mother's Birthplace, *Greitz, Prussia, Germany*

8. Full Name of Father, *Georg Schiefer*

9. Father's Occupation, *Locksmith*

10. Father's Birthplace, *Essen, Prussia, Germany*

Name of Medical Attendant, or other Person who made this return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,



For the cause of the mother, the father, the child, and the community, the Registrar of Vital Statistics, Baltimore City, is authorized to require the report of birth to the Registrar of Vital Statistics, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Virginia
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5* *Labarres*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *June 5, 86*

4. Place of Birth, (Street and Number) *282 Johnson St*

5. Full Name of Mother, *Anna Labarres*

6. Mother's Maiden Name, *Anna Schultz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo L Labarres*

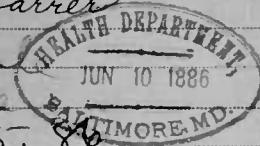
9. Father's Occupation, *Conductor B. & O.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ann Nash*

Address,

Remarks,



Be in attendance upon the mother, immediately after her delivery, to receive the fee for the person or persons of such a nature to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 5th

4. Place of Birth, (Street and Number)

70 Columbia Ave

5. Full Name of Mother,

Margarete Hahn

6. Mother's Maiden Name,

Margarete Fickenscher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Andreas Hahn

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

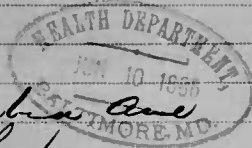
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Stiefel

Address,

70 Columbia Ave

Remarks,



RETURN OF A BIRTH 86768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 3rd child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 3. 1886

4. Place of Birth, (Street and Number)

119 Bank st

5. Full Name of Mother,

Ella Jensen

6. Mother's Maiden Name,

" " Snellby

7. Mother's Birthplace,

City

8. Full Name of Father,

Pel Jensen

9. Father's Occupation,

Bulcr maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Lizzy Betz

Address,

120 Bank st

Remarks,

RETURN OF A BIRTH 86769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 5th 1886

4. Place of Birth, (Street and Number)

111 E. Biddle St.

5. Full Name of Mother,

Angelina J. Thalheimer

6. Mother's Maiden Name,

Kuhlman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John A. Thalheimer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

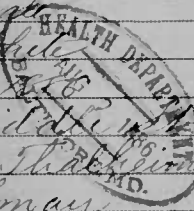
S. H. Seldner M.D.

Address,

S. E. Corner Eager Caroline Sts.

Remarks,

In attendance upon the Registrar, under penalty of arrest, any person or persons who shall be guilty of any of the following offenses, shall be liable to be arrested and taken into custody, and any such person or persons who shall be taken into custody, shall be liable to be committed to the House of Correction, for each offense to be recovered as other fines and forfeitures are recoverable.



So in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5, Willie

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5, 1886

4. Place of Birth, (Street and Number) N 104 High St

5. Full Name of Mother, Pauline Gardner

6. Mother's Maiden Name, Pauline Nathan

7. Mother's Birthplace, America

8. Full Name of Father, Abraham Gardner

9. Father's Occupation, Taylor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E Scherman

Address, Albemarle st N 26.

Remarks,



86771

be in attendance upon the mother. Immediately thereafter it shall become the duty of the parent or parents of such child, to support his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense.

3. 2.

Kale

Whit

June 6th 1864

1. J. Carroll Ave.

Katherine Bittorf

" Kreis

German

Otto Bittorf

Parker

German

F. L. Braddish

166 S. Park St.

Why & Co., City Printers and Stationers.

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or spouse in direct person or in attendance, and the physician or practitioner of medicine, or spouse in direct person or in attendance, who shall be present at the birth of any child, shall be liable to the Commission of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁸⁶⁷⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6th of June

4. Place of Birth, (Street and Number)

No. 6 South Calver

5. Full Name of Mother,

Carline Bay

6. Mother's Maiden Name,

Carline Rice

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Reice

9. Father's Occupation,

Caper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Gertrud Kunkel

Address,

77 North Chapel street per Gertrud Kunkel

Remarks,

Healthy



Birth of any child shall occur without the attendance of a Physician or attendant, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to the fine of ten (10) dollars for each offense to be recovered in any other laws are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *City of Baltimore*

4. Place of Birth, (Street and Number) *156 East Chester Street*

5. Full Name of Mother, *Maggie Laderick*

6. Mother's Maiden Name, *Maggie Schabben*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John W. Schabben*

9. Father's Occupation, *L. Blaster*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel Street per Christina Kunkel*

Remarks, *Healthy*



RETURN OF A BIRTH

86774

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Brown Skin

3. Date of Birth,

Sunday June 6th 1886

4. Place of Birth, (Street and Number)

#78 Peace St

5. Full Name of Mother

Georganna Peters Johnson

6. Mother's Maiden Name,

"Johnson Peters

7. Mother's Birthplace,

Harford County, Md.

8. Full Name of Father

Thellman Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Eastern Shore Md.

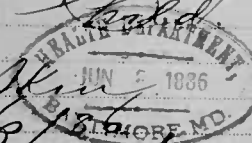
Name of Medical Attendant, or other Person who makes this Return

Harriette Olsmon

Address,

65 Arch St

Remarks,



86775

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Face

Collins

June 6

No 6 ~~Sept~~

Bellevue

Allen Co

West R. r

9. *Father's Occupation,*

Name of Medical Attendant, or other Person who makes this Return.

10 Carlton St.

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of medicine, or assistant to either person to be attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person or persons who shall be liable under the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

My & Co., City Printers and Stationers.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered in a summary proceeding in the City Court of Baltimore.

RETURN OF A BIRTH ⁸⁶⁷⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10 1886

4. Place of Birth, (Street and Number) 83 South Washington

5. Full Name of Mother, Emma Rand

6. Mother's Maiden Name, Goetz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin B Rand

9. Father's Occupation, Black

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, W. Brown

Address, 351 E. Pratt

Remarks, _____



Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to cause the birth to be registered, and to file a true and correct copy of the certificate of birth, within the period now required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁶⁷⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6th 1863

4. Place of Birth, (Street and Number) 28 E. Battery Ave

5. Full Name of Mother, Ellie R. Bayley

6. Mother's Maiden Name, Baltimore, Md.

7. Mother's Birthplace, Maryland

8. Full Name of Father, Jas. M. McQueen

9. Father's Occupation, Laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Dr. W. Smith

Address, 28 E. Charles St.

Remarks, _____

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

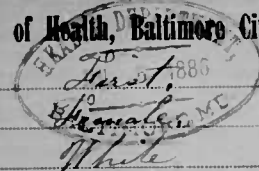
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



No. 6 June 1886.

No 28 Ryan Street.

Mary T. Coakley.

Mary T. Miller.

" " Baltimore

" " John H. Miller.

" " Labour.

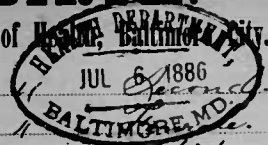
" " Baltimore.

Mrs Catherine Sebach.

No 439 W. Pratt Street

86779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....4

- | | | | |
|---|------------------------|------------------------|------------------------|
| 1. Sex, (state whether male or female) | Male | Female | White. |
| 2. Race or Color, (if not of the white race) | White | Black | White. |
| 3. Date of Birth | June 15 1886 | June 15 1886 | June 15 1886 |
| 4. Place of Birth, (Street and Number) | Portland | Portland | Portland |
| 5. Full Name of Mother, | Annie Hudson | Annie Hudson | Annie Hudson |
| 6. Mother's Maiden Name, | Hudson | Hudson | Hudson |
| 7. Mother's Birthplace, | Baltimore | Baltimore | Baltimore |
| 8. Full Name of Father, | Charles Hudson | Charles Hudson | Charles Hudson |
| 9. Father's Occupation, | Carpenter | Carpenter | Carpenter |
| 10. Father's Birthplace, | Washington City | Washington City | Washington City |
| Name of Medical Attendant, or other Person who makes this Return. | Mrs. Catherine Siebold | Mrs. Catherine Siebold | Mrs. Catherine Siebold |
| Address, | No 1139 | No 1139 | No 1139 |
| Remarks, | | | |

birth of any child will, nevertheless, be on the same date as the birth of the child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

In the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 6th 1886

4. Place of Birth, (Street and Number)

169 Portland

5. Full Name of Mother,

Hermine Betchaler

6. Mother's Maiden Name,

Huntz

7. Mother's Birthplace,

America

8. Full Name of Father,

John Betchaler

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return,

J. Lohmeyer midwife

Address,

330 Hanover st

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

86781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ³

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

June 6, 1886

4. Place of Birth, (Street and Number)

66 Milliment St.

5. Full Name of Mother,

Jennie Mullinger

6. Mother's Maiden Name,

Farmington

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

John Mullinger

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this return.

Caroline Miller

Address,

115 Walker St. Balto. Md.

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten dollars, and in default of payment thereof shall be imprisoned for each offense to be provided in other laws and ordinances are recoverable.

RETURN OF A BIRTH

86782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 10 1885

4. Place of Birth, (Street and Number)

91 N. Spring St

5. Full Name of Mother,

Ardella Parker

6. Mother's Maiden Name,

Ardella Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Parker

9. Father's Occupation,

Musicians

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Dr. Peter X. Mondorony

Address,

124 N. Durham St

Remarks,



Be in attendance upon the mother, immediately thereafter if alive, because the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any neglect or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jun 6, 1886*

4. Place of Birth, (Street and Number) *Easton St. No 37*

5. Full Name of Mother, *Helene Pieper*

6. Mother's Maiden Name, *Helene Schellstede*

7. Mother's Birthplace, *Oldenburg, first Oldenburg, Germany*

8. Full Name of Father, *August Pieper*

9. Father's Occupation, *Tavern Keeper*

10. Father's Birthplace, *Oldenburg, first Oldenburg, Germany*

Name of Medical Attendant, or other person who makes the Return.

Address, *N. Dallas St. No 26*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the midwife or person who shall be the attendant, shall be liable to a fine of ten dollars for each offence to be recovered by the City of Baltimore. The provisions of this section, shall be subject to the date of ten (10) dollars or persons who shall be liable to a fine of ten dollars for each offence to be recovered by the City of Baltimore.

RETURN OF A BIRTH⁸⁶⁷⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) ^{11th} 11

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

June 6th 1886

4. Place of Birth, (Street and Number)

85 Harrison St.

5. Full Name of Mother,

Lena Garner

6. Mother's Maiden Name,

Lemin Schepera

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Frederick Garner

9. Father's Occupation,

Saloon

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return,

A. Regenstein M.D.

Address,

88 E. Baltimore St.

Remarks,

Instrumental



In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 6th of June 1886

4. Place of Birth, (Street and Number)

No 186 Constitution St.

5. Full Name of Mother,

Lizzie Danner

6. Mother's Maiden Name,

Lizzie Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Danner

9. Father's Occupation,

Tile Layer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr Ch. Lauer

Address,

No 173 Maryland Ave

Remarks,

Bot No 1

856



RETURN OF A BIRTH ⁸⁶⁷⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6th of June 1886

4. Place of Birth, (Street and Number)

No 419 Lancaster str.

5. Full Name of Mother,

Mary Harbert

6. Mother's Maiden Name,

Mary Seameak

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Gerhard Harbert

9. Father's Occupation,

Painter & Grainer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Louis Wiley

Address,

No 30. Patterson Park Ave.

Remarks,

Be in attendance upon the mother immediately thereafter & shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to be fined in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

See in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1896
4. Place of Birth, (Street and Number) Sturtevant St No 107
5. Full Name of Mother, Barbara Piller
6. Mother's Maiden Name, Barbara Sadler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Piller
9. Father's Occupation, Printer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mr. S. S. S. S.
- Address, No 797 Pratt St
- Remarks, _____



RETURN OF A BIRTH ⁸⁶⁷⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 6, 1886

4. Place of Birth, (Street and Number)

30 Port Alley

5. Full Name of Mother,

Ammie Dorn

6. Mother's Maiden Name,

Ammie Gratz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Dorn

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. R. H. Garrett

Address,

Remarks,

Be in attendance upon the mother, immediately thereafter, to assist in the delivery of the child, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered in other days and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ^{867 89}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

June 17 1886

4. Place of Birth, (Street and Number)

210 Donit Dellis St

5. Full Name of Mother,

Mattie Anderson

6. Mother's Maiden Name,

Nichols

7. Mother's Birthplace,

A. A. G. Smith

8. Full Name of Father,

Spencer Anderson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Marston X Henson

Address,

143 Donit Dellis St

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other due and forcible manner recoverable.

RETURN OF A BIRTH 86790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 6th 1886

4. Place of Birth, (Street and Number)

37 A Register St

5. Full Name of Mother,

Daphnia Worthington

6. Mother's Maiden Name,

Daphnia Walstrom

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Worthington

9. Father's Occupation,

Remittent - Postman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

J. B. Bensenach

Address,

No 34 Bayview St

Remarks.

See to attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such place to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



(Officer)
Male
White
June 6 86
Maternite
Maggie Burns
do
Balto
D. J. Davis M.D.
Maternite

RETURN OF A BIRTH ⁸⁶⁷⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

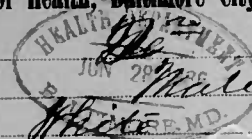
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



June 7. 1886
264 Croft St
Sassie Hall
Sassie Spedden
Baltimore
Richd. Hall
Collector
Baltimore
213 N. E. M
50 N. W. M

be in attendance upon the mother, immediately after the birth of the child, and report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, who shall cause the same to be registered, and any person who neglects to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁴⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 7th 1886*

4. Place of Birth, (Street and Number) *194 Brown St*

5. Full Name of Mother, *Rebecca Jennings*

6. Mother's Maiden Name, *Rebecca Klein*

7. Mother's Birthplace, *New Jersey*

8. Full Name of Father, *George Jennings*

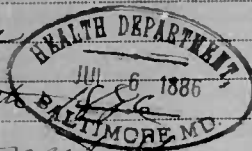
9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Brooklyn New York*

Name of Medical Attendant, or other Person who makes this Return, *Mrs B Messenger*

Address, *123 Monroe St*

Remarks,



86794

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

female

June, 7th 1886

Baltimore City 133

Mary Jennings

Mary Personette

Baltimore City

George Jennings.

Brass Linisher

Baltimore City

Miss M. Shaffer

135 Brighton St

Remarks,

by & Co., City Printers and Stationers.

RETURN OF A BIRTH ⁸⁶⁷⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th

4. Place of Birth, (Street and Number) 16 Russell St

5. Full Name of Mother, Amelia Seindell

6. Mother's Maiden Name, Kaufmberger

7. Mother's Birthplace, City

8. Full Name of Father, Richard Seindell

9. Father's Occupation, Steam Cater

10. Father's Birthplace, St Louis

Name of Medical Attendant, or other Person who makes this Return, J. Bouché M.D.

Address, 151 Madison St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be received by the Registrar of Vital Statistics, and such fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 1st 1886*

4. Place of Birth, (Street and Number) *129 Merrietta Alley*

5. Full Name of Mother, *Henry Yetta Wolfson*

6. Mother's Maiden Name, *" " " Schur*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Francis Wolfson*

9. Father's Occupation, *Tailor cutter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Lizzy Betz

Address,

120 Lomb St

Remarks,

RETURN OF A BIRTH ⁸⁶⁷⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th 1886

4. Place of Birth, (Street and Number) 100 E. Preston St.

5. Full Name of Mother, Lena Hermes

6. Mother's Maiden Name, Tamm

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Fredrick S. Hermes

9. Father's Occupation, Cloth Cutter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, John W. White M.D.

Address, 347 N. Broadway

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report the birth to the Commissioner of Health, in the manner and within the period and under the penalty herein prescribed, to report the birth to the Commissioner of Health, in the manner and within the period and under the penalty herein prescribed, and if such person or persons shall fail to do so, they shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



to the Registrar upon the mother, immediately thereafter, it shall become the duty of the mother, or parent of such child, to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 7th 1886

4. Place of Birth, (Street and Number) N^o 33 Henrietta St.

5. Full Name of Mother, Sallie Mordutch

6. Mother's Maiden Name, Sallie Sherlock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Mordutch

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Gorman

Address, N^o 18 Byrd St.

Remarks,



to be in accordance with the provisions of the Act, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child
Male
Colored Race
JUN 11 1886
BALTIMORE, MD.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 7, 1886
199 Mullikin St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

Kester Young
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woolford
130 Regester St

Address,

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period and under the penalty herein provided, or persons who are not duly qualified, shall be subjected to the fine of ten (10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



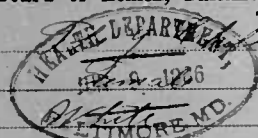
Second Child
Not of the white race
Jennie Erlanger.
Jennie Simpson.
Baltimore City, Md.
Max Erlanger.
Merchant.
Buchau, Germany.
John D. R. Stoy.
243 Lexington St.

is in attendance upon the mother, immediately thereafter, it shall become the duty of the person so present to cause to be reported to the Commissioner of Health, in the manner and within the period above required, any birth or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 7 of June 1886

4. Place of Birth, (Street and Number)

No 182 Constitution St

5. Full Name of Mother,

Lizzie Samsen

6. Mother's Maiden Name,

Lizzie Riley

7. Mother's Birthplace,

Camden Jersey

8. Full Name of Father,

George Samsen

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Bell County

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Sauer

Address,

No 172 Maryland Ave

Remarks,

Baltimore Md

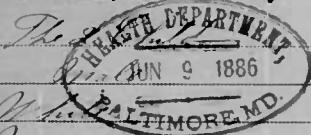
1886

no attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to register the birth of the child in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered in other times and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

The 7 of June 1886

No 277 Forest St Madison Cty

Rosa Lang

Rosa McKinney

Germany

Gottlob Lang

Boiler Maker

Germany

Mrs Ch. Lauer

No 173 Howard Ave

Bal Md

1886

RETURN OF A BIRTH

876805

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

30

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

4. Date of Birth,

7 June 1886

5. Place of Birth, (Street and Number)

129 W. Fulton St.

6. Full Name of Mother,

Diana Albers

7. Mother's Maiden Name,

Diana Supus

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Anton Albers

10. Father's Occupation,

Boat-Builder

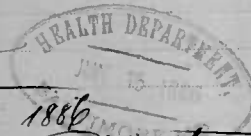
11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,



RETURN OF A BIRTH 86806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male ~~White~~

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7th - 86

4. Place of Birth, (Street and Number)

108 W. Preston St.

5. Full Name of Mother,

Mary Scheve

6. Mother's Maiden Name,

Mary Gauges

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Scheve

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

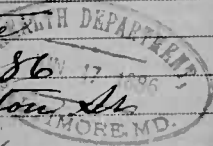
Mrs. Hunter

Address,

21 N. Bayzelton St

Remarks,

Report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.



RETURN OF A BIRTH ⁸⁶⁸⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First
Female
White
June 7/86
76 Henrietta Street
Amelia Weller
Amelia Fischer
Baltimore
Henry A. Weller
Stone Cutter
Baltimore
of Boston
Sharp Smith 25A



report to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of \$10 (ten dollars) for each return so neglected, and for failure to recoverable.

RETURN OF A BIRTH 86809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Monday June 7th 1886

4. Place of Birth, (Street and Number) Baltimore No 20 Deberry Alley

5. Full Name of Mother, Sarah Kline

6. Mother's Maiden Name, Sarah Stern

7. Mother's Birthplace, Hagerstown Md.

8. Full Name of Father, Simon Kline

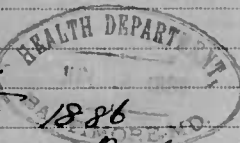
9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dummer

Address, 60 North Schaefer St.

Remarks,



Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That any person who shall neglect or refuse to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable, and any such person shall be liable to the payment of the costs of the proceedings therefor.

RETURN OF A BIRTH

86810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 7th

4. Place of Birth, (Street and Number) 40 Russell

5. Full Name of Mother, Maggie Schmidt

6. Mother's Maiden Name, Roth

7. Mother's Birthplace, Balto.

8. Full Name of Father, Rudolph Schmidt

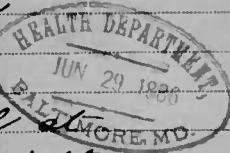
9. Father's Occupation, Glass Blower

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, C. L. Buddenbush

Address, 166 S. Paca st.

Remarks,



NOTICE

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was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 86811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 8

4. Place of Birth, (Street and Number)

36 Oxford St.

5. Full Name of Mother,

Alice

6. Mother's Maiden Name,

"

White

7. Mother's Birthplace,

Spokane Co. Virginia

8. Full Name of Father,

Thomas Henry Evans

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Union Bridge Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. Jones

Address,

94 Tyson street

Remarks,

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of five (5) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH. 86812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.). / 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth June 8th 1896
4. Place of Birth, (Street and Number) #538 Harford Ave.
5. Full Name of Mother, Maggie Gackin.
6. Mother's Maiden Name, Gardener.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Samuel Gackin
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. Anna Hellegers
#1828 Monument St.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report to the Commissioner of Health, in the manner required, any such person who has been convicted of a violation of this section, shall be subjected to the fine of ten (10) dollars for each such violation.

report is made to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes a false report, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. *Libens*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 June 1886

4. Place of Birth, (Street and Number)

Packa Street No. 722

5. Full Name of Mother,

Bertha Schapp Kratzmaier

6. Mother's Maiden Name,

Bertha Schapp

7. Mother's Birthplace,

Philippsburg in Baden

8. Full Name of Father,

John Kratzmaier

9. Father's Occupation,

Carpenker

10. Father's Birthplace,

Heilsheim Amt Beeten in Baden

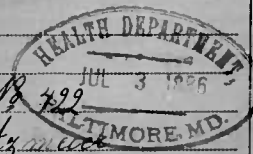
Name of Medical Attendant, or other Person who makes this Return.

Miss Bange

Address,

722 Cross St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 56814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 8th

4. Place of Birth, (Street and Number)

216

Y. Sharp St

5. Full Name of Mother,

Margaret's

Post

6. Mother's Maiden Name,

M.

Leutheuser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ernst Post

9. Father's Occupation,

Seagr Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Münch

Address,

No 1

Leadenhall

Remarks,

RETURN OF A BIRTH 86815

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 2 -

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 8. 1886

4. Place of Birth, (Street and Number) 108. Waters Court

5. Full Name of Mother, Luby Denis

6. Mother's Maiden Name, Luby Baker

7. Mother's Birthplace, Maryland

8. Full Name of Father, Henry Denis

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Marian Major

Address, 37 Walnut Alley

Remarks,



NOTICE

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were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 8 1886

4. Place of Birth, (Street and Number) 2 Fayette Court

5. Full Name of Mother, Annie King

6. Mother's Maiden Name, Annie King

7. Mother's Birthplace, Germany

8. Full Name of Father, George King

9. Father's Occupation, Teacher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, May Haptish

Address, 691 Washington

Remarks,



be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such class to report the birth to the Commissioner of Health, and the mother and father, or persons in their stead, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

6th June 1886

4. Place of Birth, (Street and Number)

445 Saratoga St

5. Full Name of Mother,

Lizzie Tylors

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

James Butler

9. Father's Occupation,

Gentle operator

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary C Jones

Address,

544 Saratoga St

Remarks,



RETURN OF A BIRTH. 86818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 8th 1886

4. Place of Birth, (Street and Number) 10 Granby St.

5. Full Name of Mother, Anna Isaac

6. Mother's Maiden Name, Friedman

7. Mother's Birthplace, Europe

8. Full Name of Father, Michael Isaac

9. Father's Occupation, Pedler

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Bernstein

Address. 49 S. Exeter St.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Should any other person be in at delivery, when the mother, immediately thereafter, is dead, then, because the child is born, the report or return of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the deaths and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁵⁶⁸¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 8/86

4. Place of Birth, (Street and Number)

275 William St.

5. Full Name of Mother,

Anselma

6. Mother's Maiden Name,

Roesner

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Reuben Kimball

9. Father's Occupation,

Iron moulder

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this return

John Smith M.D.

Address,

28 S. Charles St.

Remarks,

7 moos child

RETURN OF A BIRTH.

86820

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

W

3. Date of Birth

June 8th 1886

4. Place of Birth (Street and Number)

69 S. Winchester St.

5. Full Name of Mother

Maria L. Lewis

6. Mother's Maiden Name

Maria L. Wagner

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Benjamin F. Lewis

9. Father's Occupation

Paper Hanger

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

John S. Lynch M.D.

Address

1 S. Broadway

Remarks

name of the mother of such child or children.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offense, to be recovered in other than any other manner recoverable.

RETURN OF A BIRTH ⁸⁶⁸²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8 1886

4. Place of Birth, (Street and Number) 204 N. Chester

5. Full Name of Mother, Mary Amelia Fehle

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Fehle

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, J. B. Schwatke M.D.
or other Person who makes this Return

Address, Cor. Quay & Barnes Sts.

Remarks, _____



RETURN OF A BIRTH ⁸⁶⁸²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 8 Baltimore

4. Place of Birth, (Street and Number) 62 Preston St.

5. Full Name of Mother, Ellie Montjoye Holt

6. Mother's Maiden Name, Ellie Montjoye

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Holt

9. Father's Occupation, Boat Tender

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Lucy Brownish

Address, 13 Jordan Alley

Remarks,

Any person who neglects to file a return of a birth as required by law, or who files a false return, shall be liable to a fine of not more than \$100, and as often thereafter as the fine is paid, until the return is correctly filed. Any person who neglects to file a return of a death as required by law, or who files a false return, shall be liable to a fine of not more than \$100, and as often thereafter as the fine is paid, until the return is correctly filed.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to be fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, June 8th 1896
4. Place of Birth, (Street and Number) No. 108 Henrietta St Baltimore
5. Full Name of Mother, Christiana Diener
6. Mother's Maiden Name, Christiana Kramer
7. Mother's Birthplace, Byarn Mittelsin
8. Full Name of Father, John Diener
9. Father's Occupation, Cabinetmaker
10. Father's Birthplace, Byarn Mittelsin
- Name of Medical Attendant, or other Person who makes this Return. Borner
- Address, Dept. W. H. 2558
- Remarks,

RETURN OF A BIRTH

86824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Wilburt Lawrence Scharfe
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 9th 1886*

4. Place of Birth, (Street and Number) *No 113 Mrs. E. Eldridge St*

5. Full Name of Mother, *Alice Scharfe*

6. Mother's Maiden Name, *Slipke*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *Herman Scharfe*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other Person who makes this Return, *Mrs R. Ullig*

Address, *48 Holloman St*

Remarks,

It is the duty of the Registrar of Vital Statistics, Board of Health, to receive and record the returns of births, marriages, and deaths, and to issue certificates of birth, marriage, and death, and to keep the records of the same. Any person who fails to report the birth of a child to the Registrar of Vital Statistics, Board of Health, within the period above specified, or who fails to report the marriage of a person, or the death of a person, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

Report for Birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of \$10 (ten) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Jennie
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9, 1886.
4. Place of Birth, (Street and Number) 104 Granby St. Baltimore, Md.
5. Full Name of Mother, Rachel Bearman
6. Mother's Maiden Name, Rachel Sherman
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Bearman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return, E. Sherman
- Address, 411 Beamarke st N 26
- Remarks,

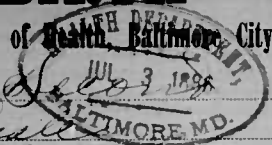


Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
Black
June 9 86
Maternite
Mary Bicker
Do
Maryland

D. Davis M.D.
Maternite

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *June, 9th 1886*
4. Place of Birth, (Street and Number) *32 St. Peter St "*
5. Full Name of Mother, *Sophie S. Newton,*
6. Mother's Maiden Name, *" " Glass,*
7. Mother's Birthplace, *Cambridge, Md "*
8. Full Name of Father, *Edward Newton "*
9. Father's Occupation, *Coffee Roaster,*
10. Father's Birthplace, *Balti. City "*
Name of Medical Attendant, or other Person who makes this Return, *R. J. N. Tall. M.D.*
Address, *152 Sharp St,*
Remarks, _____



RETURN OF A BIRTH ⁸⁶⁸²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 9 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 9 of July 1886*

4. Place of Birth, (Street and Number) *No 51 Howbrook St*

5. Full Name of Mother, *Rosa Dillman*

6. Mother's Maiden Name, *Rosa Luss*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jacob Dillman*

9. Father's Occupation, *Street Sweeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs C. L. Lauer*

Address, *No 173 Harford Ave*

Remarks, *Bal. Md.*

1886

Report the Birth to the Commissioners of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{Colored}

3. Date of Birth, ^{June 9th}

4. Place of Birth, (Street and Number) ^{37 Richmond street}

5. Full Name of Mother, ^{Loggie Askins}

6. Mother's Maiden Name, ^{William}

7. Mother's Birthplace, ^{Lynchburg Virginia}

8. Full Name of Father, ^{Henry Askins}

9. Father's Occupation, ^{White Washer}

10. Father's Birthplace, ^{Solbert County}

Name of Medical Attendant, or other Person who makes this Return. ^{Annie Johnson}

Address, ^{94 Tyson street}

Remarks,

Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other data and forfeitures are recoverable.

to
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person
shall be
ten (10)
dollars
for each
offense
to be
recovered
as other
fines and
forfeitures
are
recoverable.
report, its
birth to the
Commissioner
of Health, in
the manner
and within
the period
above
required, and
any such
person
or persons
who shall
hereafter fail
to comply
with the
provisions of
this section,
shall be
subjected to
the fine of
ten (10)
dollars
for each
offense to
be recovered
as other
fines and
forfeitures
are
recoverable.

RETURN OF A BIRTH

86830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9/86

4. Place of Birth, (Street and Number)

2114 N. Central St.

5. Full Name of Mother,

Lydia H. Schmitt

6. Mother's Maiden Name,

" " Veeb.

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

William H. Schmitt

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edward J. McDevitt

Address,

827 Regent St - Dk

Remarks,

RETURN OF A BIRTH ⁸⁶⁸³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Jervist

3. Date of Birth.

June 9th 86

4. Place of Birth, (Street and Number)

No 221 W. Gay St

5. Full Name of Mother.

Elise Uhlman

6. Mother's Maiden Name.

Wohlhausen

7. Mother's Birthplace.

Virginia

8. Full Name of Father.

Samuel Uhlman

9. Father's Occupation.

Shoe dealer

10. Father's Birthplace.

Balto MD

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. W. H. H. H.

Address.

48 Hollard St

Remarks.



See in attendance upon the mother, nurse, or other person who makes this return, and report in writing to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

As a condition upon the making, signing, and filing of this Return, the person or persons who make the same shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

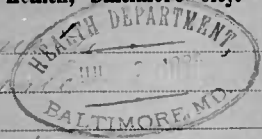
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



June 9, 1886

316 No. George St.

Sarah E. A. Cunningham

Barker

Baltimore Md

J. F. Cunningham

Merchant

Baltimore Md

Harry A. Allen

286 N. Long St

RETURN OF A BIRTH 86833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Person reporting birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Myrtle E. Reed*
No. of Child of Mother, (*state whether 1st, 2d, 3d, etc.*)

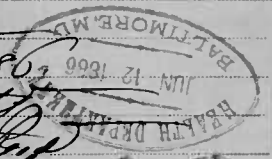
1. Sex, (*state whether male or female*)
2. Race or Color, (*if not of the white race*)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

June 9th / 86
251 Lee St.
Eliza Lane
Eliza Lane
Baltimore City, Md.
John H. Reed
Briarcliff
Baltimore City, Md.
John R. Reed
243 Lexington St.



RETURN OF A BIRTH ⁸⁶⁸³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9th 1886

4. Place of Birth, (Street and Number)

351 Hanover st.

5. Full Name of Mother,

Elise Schulte

6. Mother's Maiden Name,

Chauhan

7. Mother's Birthplace,

America

8. Full Name of Father,

Louis Schulte

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hanover st.

Remarks,

In all cases, the person who reports a birth, or the Registrar, shall be liable for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 9 of June 1886

4. Place of Birth, (Street and Number)

No 1911

5. Full Name of Mother,

Mary. Hegg

6. Mother's Maiden Name,

Mary. Hegg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward. Stock

9. Father's Occupation,

Wholesale

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Hume

Address,

No 173 Hayford Ave

Remarks,

Bal. Md.

1886



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

should not enter person fee in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report of the birth and location of the child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁸³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Fifth

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 9th 1886

4. Place of Birth, (Street and Number)

322 1/2 Pen. Ave.

5. Full Name of Mother,

Mamie F. Winters

6. Mother's Maiden Name,

Kennie

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Austin Winters

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Carroll Co. Md.

Name of Medical Attendant,

or other Person who makes this Return

J. B. Christian M.D.

Address,

506 Madison Ave.

Remarks,



For the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 86838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 9, 1886

4. Place of Birth, (Street and Number) 17 Gitting St

5. Full Name of Mother, R. Roberts

6. Mother's Maiden Name, R. Henry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. Roberts

9. Father's Occupation, Ship Caulker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Anna Nash

Address,

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶⁸³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 9th 1900

4. Place of Birth, (Street and Number)

No 36 Towson street

5. Full Name of Mother,

Mary C Welsh

6. Mother's Maiden Name,

Mary C. Leary

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas A Welsh

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mrs. Etzel

Address,

No 18 Buta street

Remarks,

Be in the possession of the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall be liable to the Commissioner of Health, in the manner and within the period there required, and any such person
or persons who shall be liable to the Commissioner of Health, in the manner and within the period there required, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th June

4. Place of Birth, (Street and Number) 637 W Gay St

5. Full Name of Mother, Emma Kupper

6. Mother's Maiden Name, " Campbell

7. Mother's Birthplace, Balt. City

8. Full Name of Father, John Kupper

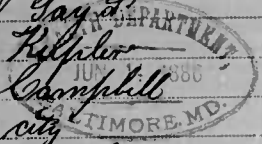
9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Groom

Address, 466 W Gay St

Remarks, _____



RETURN OF A BIRTH ⁸⁶⁸⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *{ 111 new no. } 9th of June 1886*

4. Place of Birth, (Street and Number) *{ 24 Mary St } Clifton Bldg Co. Md*

5. Full Name of Mother, *Catherine Alice Broll*

6. Mother's Maiden Name, *Gettier*

7. Mother's Birthplace, *Manchester Carroll Co.*

8. Full Name of Father, *Henry Broll*

9. Father's Occupation, *Beef Butcher*

10. Father's Birthplace, *Baltimore county 3distr*

Name of Medical Attendant, or other Person who makes this Return, *Susan Hunter*

Address, *21 N Poppleton St*

Remarks,

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 86842

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 9th 1886*

4. Place of Birth, (Street and Number) *150 Fairmount Ave*

5. Full Name of Mother, *Ella F. Leipp*

6. Mother's Maiden Name, *Jervis*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Geo S. Leipp*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Irving Miller M.D.*

Address, *179 East Monument St.*

Remarks,



RETURN OF A BIRTH, 86843

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth June 9th 86

4. Place of Birth, (Street and Number) 12 Druid Hill Ave

5. Full Name of Mother Mary Elizabeth Williams

6. Mother's Maiden Name Mary Elizabeth Prout

7. Mother's Birthplace Annapolis, MD

8. Full Name of Father John A. Williams

9. Father's Occupation Driver Express Wagon

10. Father's Birthplace Richmond, Va

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Wilson M.D.

Address 152 Park Ave.

Remarks

Child delivered with Simpsons forceps - Farmer traction Roddell's modification by Alex Simpson (Edin) No Rupture of Perineum. Head was (child) high up in Superior Strait. Mother & child doing well.

name of the mother of such child or children.



See instructions printed on the reverse of this form. The person or persons who report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 9, 1886

4. Place of Birth, (Street and Number)

10 Port alley

5. Full Name of Mother,

Margaret Crumley

6. Mother's Maiden Name,

Margaret Roberts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Crumley

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

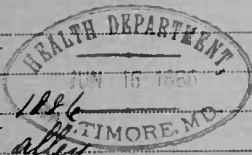
Name of Medical Attendant, or other Person who makes this Return.

Mary L. Swaine

Address,

57 Luzerne St.

Remarks,



report the birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June the 9

4. Place of Birth, (Street and Number)

435 Lexington St

5. Full Name of Mother,

Magret Schmeltz

6. Mother's Maiden Name,

Magret Beyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Schmeltz

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Dummer

Address,

60 North Schaefer St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10

4. Place of Birth, (Street and Number)

Robertson

5. Full Name of Mother,

Laura O. Howard

6. Mother's Maiden Name,

Laura O. Howard

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Benjamin Baker

9. Father's Occupation,

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

DeLavis M.D.

Address,

Water nite

Remarks,



Report the Birth to the Commissioner of Health, to the Registrar within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 86847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 11 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *June 10 1886*

4. Place of Birth, (Street and Number) *185 Ann St*

5. Full Name of Mother, *Lizzy Slagle*

6. Mother's Maiden Name, *" Smartz*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Frank Slagle*

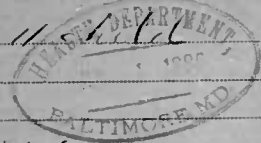
9. Father's Occupation, *Packing place*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Lizzy Beltz*

Address, *120 Bank St*

Remarks, _____



report his birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10th 1886.

4. Place of Birth, (Street and Number)

191 Chew St.

5. Full Name of Mother,

Katie Brown.

6. Mother's Maiden Name,

McFarland.

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Joseph M. Brown.

9. Father's Occupation,

Marine Engineer.

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other Person who makes this Return.

John H. White, M.D.

Address,

347 N. Broadway.

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 86849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

min th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10th 1886

4. Place of Birth, (Street and Number)

154 Hudson street canton

5. Full Name of Mother,

Bridget Coll

6. Mother's Maiden Name,

Bridget Devine

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Bernard Coll

9. Father's Occupation,

bar maker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Sullens

Address,

104 Burling st canton

Remarks,



HOTEL NAME ADDED 8-31-55 RETURN OF A BIRTH 86 550 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. *Edna Maria Godman 2^d* No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - Sex, (state whether male or female) *Female* - Race or Color, (if not of the white race) *White* - Date of Birth, *June 10/86* - Place of Birth, (Street and Number) *190 Hollins St* - Full Name of Mother, *Annie A Godman* - Mother's Maiden Name, *Pattison* - Mother's Birthplace, *Balt* - Full Name of Father, *Las T. Godman* - Father's Occupation, *Machinist* - Father's Birthplace, *Balt* - Name of Medical Attendant, or other Person who makes this Return, *Thomas Opie* - Address, *179 N. Howard St* - Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 86851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Girl Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10th 86

4. Place of Birth, (Street and Number) 222 N. Howard St

5. Full Name of Mother, Ellen Buchanan

6. Mother's Maiden Name, Bagnell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Sheehan

9. Father's Occupation, Clerk

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Thomas O'Neil

Address, 179 N. Howard

Remarks,

RETURN OF A BIRTH. 86852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

June 10

4. Place of Birth, (Street and Number)

118

5. Full Name of Mother,

Sarah Lane

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

E. A. Blum, M.D.

Address,

172 Franklin St

Remarks,



be in attendance upon the mother, immediately thereafter to limit leaving the duty of the person who has signed the return, and to report the birth in the Registrar of Health, in the manner and to the effect prescribed in this section, shall be subjected to the fine of ten (10) dollars or person who shall receive the return, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the sum of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

86853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Joseph Maximilian Buettner*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4. Place of Birth, (Street and Number)

*10th Street
N. Dallas St.*

5. Full Name of Mother,

Catherine Buettner

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Charles Buettner

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany city of Hockenheim

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Groom

Address,

466 N Gay St

Remarks, *One alive the other still birth born 12 hours apart
the last one still birth*

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

86852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 10 of June

4. Place of Birth, (Street and Number) 76 Ramsey

5. Full Name of Mother, Martha Bell Stein

6. Mother's Maiden Name, " Snyder

7. Mother's Birthplace, Hanover Pa

8. Full Name of Father, Charles Henry Stein

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address, 439 W. Pratt st

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10

4. Place of Birth, (Street and Number)

No 59 Gerrard

5. Full Name of Mother,

Ela Bygel

6. Mother's Maiden Name,

Ela Brant

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bernart Bygel

9. Father's Occupation,

Labour

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ettel

Address,

No 13 Paula St

Remarks,

Baltimore

RETURN OF A BIRTH, 86856

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 10th 1886
4. Place of Birth, (Street and Number) Baltimore No 6 Randall Street No 6
5. Full Name of Mother Matilda Minster
6. Mother's Maiden Name Matilda Grauling
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Minster
9. Father's Occupation Fireman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Mrs. Donaldson
- Address Corner Bird and Heath No. 33
- Remarks Mother and child doing well



RETURN OF A BIRTH.

86857

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 10th 1886

4. Place of Birth (Street and Number)

27 George Street

5. Full Name of Mother

Florence Friend

6. Mother's Maiden Name

Florence Keener

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles Friend

9. Father's Occupation

Stationer

10. Father's Birthplace

Balt^o City

Name of Medical Attendant, or other Person who
makes this Return.

J. R. Uhler M.D.

Address

1234 W. Fayette St.

Remarks

RETURN OF A BIRTH. 86858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 15th of June 1886

4. Place of Birth, (Street and Number) S Chester-st

5. Full Name of Mother, Anna, Watters

6. Mother's Maiden Name, do Sherwood

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, John, H. Watters

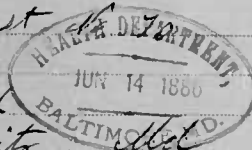
9. Father's Occupation, Sea man

10. Father's Birthplace, Charles co, Md

Name of Medical Attendant, or other Person who makes this Return, do, do, Drumpont

Address, 8 S Ann st

Remarks, Baby premature dont think it will live Mother do well



Report to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

a Co., City Print

No.

1.

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3.

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10.

1. Sex, M No. of Child of Mother, 12

2. Race or Color, White

3. Date, June 10

4. Place of Birth, 69 Scott St

5. Full Name of Mother, Nancy Webster

6. Mother's Maiden Name, Pauline Rice

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Webster

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Mrs. Mary Karpis

112 Scott St

BIRTH

86859

rd of Health, Baltimore City.



RETURN OF A BIRTH.

86860

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child of Mother
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) white race
3. Date of Birth tenth day of January
4. Place of Birth (Street and Number) No. 79 Wolfe Street
5. Full Name of Mother Mary M. Fisher
6. Mother's Maiden Name Mary M. Fisher
7. Mother's Birthplace Baltimore
8. Full Name of Father John Fisher
9. Father's Occupation Cotton Cloth Operative
10. Father's Birthplace Port Baravia
- Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Fisher
- Address No. 34 Mulberry St.
- Remarks

name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁶⁸⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 10 1886

4. Place of Birth, (Street and Number)

98402

5. Full Name of Mother,

Mary J.

6. Mother's Maiden Name,

Burns
Harriman

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Daniel Burns

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

Wm Webster

Address,

101 Bannock

Remarks,

RETURN OF A BIRTH ⁸⁶⁸⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 10th 1886

4. Place of Birth, (Street and Number) Charles St. 1715

5. Full Name of Mother, Lina Bauer

6. Mother's Maiden Name, Lina Winkler

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frederick C. Bauer

9. Father's Occupation, Wagon Maker

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Susan Shantz

Address, 21 N. Lippellton St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 1st June 1856

4. Place of Birth, (Street and Number)

No 326 Airquith St.

5. Full Name of Mother,

Margaret M. Muel

6. Mother's Maiden Name,

Margaret Muel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Muel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr. C. H. Muel

Address,

No 173 Gayland Ave

Remarks,

Baltimore Md.

1856

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th 1886

4. Place of Birth, (Street and Number) Logan's

5. Full Name of Mother, Margaret Adell

6. Mother's Maiden Name, " Laura

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles W. Bell

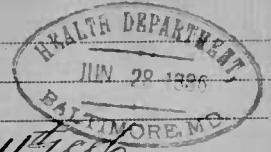
9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Frederick Cooper M.D.

Address, 116 Harrison St. - Room 10

Remarks, _____



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 10-26-53
RETURN OF A BIRTH

86865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, *Solomon*

Name: *Simon Mikelberg*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 14, 1886*

4. Place of Birth, (Street and Number) *112 Enson St*

5. Full Name of Mother, *Annie (Myselburg) Mikelberg*

6. Mother's Maiden Name, *Annie Kaplan*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Benny (Myselburg) Mikelberg*

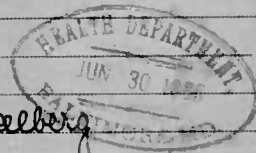
9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return. *E. Scherman*

Address, *Albemarle St W 26*

Remarks,



It shall be the duty of the Registrar of Vital Statistics, to the Registrar and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



Third child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 11th 1886

4. Place of Birth, (Street and Number)

119 Eden st

5. Full Name of Mother,

Louise Stolz

6. Mother's Maiden Name,

" " Schick

7. Mother's Birthplace,

City

8. Full Name of Father,

Levi Schick

9. Father's Occupation,

Brush maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Levy Betz

Address,

121 Bank st

Remarks,

report is, clerk for the General Office of Health, to the Registrar and Health Officer, and such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be received in other laws and forfeitures are recoverable.

RETURN OF A BIRTH

86867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 11th 1886

4. Place of Birth, (Street and Number)

68 Baltimore St.

5. Full Name of Mother,

Catharine Altman

6. Mother's Maiden Name,

Catharine Elbighausen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Altman

9. Father's Occupation,

Store clerk

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Garrett

Address,

706 65th St.

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten, (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 86868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 11, 1886

4. Place of Birth, (Street and Number) 26 E. Biddle St.

5. Full Name of Mother, Mary Rutz

6. Mother's Maiden Name, " Menz

7. Mother's Birthplace, Germany

8. Full Name of Father, William Rutz

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Chambersburg, Penn^a

Name of Medical Attendant, or other Person who makes this Return, Geo. A. Hartman M.D.

Address, 305 W. Caroline St.

Remarks,



RETURN OF A BIRTH 86869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 11th 86*

4. Place of Birth, (Street and Number) *290 Hanover St*

5. Full Name of Mother, *Mrs Amelia Pacy*

6. Mother's Maiden Name, *Amelia Kern*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Henry Pacy*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Bogna England*

Name of Medical Attendant, or other Person who makes this Return *Miss Murch*

Address, *No. Radnorhall St.*

Remarks,

Persons who assist hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



be its attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 11, 1906

4. Place of Birth, (Street and Number)

236 E. Chase St.

5. Full Name of Mother,

Margaret Adeline

6. Mother's Maiden Name,

W. Buloff

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Wm. J. Adeline

9. Father's Occupation,

Carriage Driver

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Chas. A. Williams

Address, 236 E. Chase St.

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th 1886

4. Place of Birth, (Street and Number) No 117 S. 4th St. BALTIMORE MD

5. Full Name of Mother, Emilia Windsor

6. Mother's Maiden Name, Dasher

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Harry Windsor

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulling

Address, 48 Hall and St

Remarks, _____



Report this Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 11, 1886*

4. Place of Birth, (Street and Number) *216 Center Street*

5. Full Name of Mother, *Louise M. Foster*

6. Mother's Maiden Name, *Millhouse*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harry C. Foster*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return, *Henry C. M. Hall*

Address, *236 N. Long St*

Remarks,



RETURN OF A BIRTH

86874

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Scot Mail

2. Race or Color, (if not of the white race)

Swedish

3. Date of Birth,

Jan 11 1886 born 5d & 6d & 7d Even

4. Place of Birth, (Street and Number)

Bruce St 100

5. Full Name of Mother,

Abigail Selias

6. Mother's Maiden Name,

Elisa Gipsom

7. Mother's Birthplace,

Richmond Va

8. Full Name of Father,

Richard Selias

9. Father's Occupation,

Porter

10. Father's Birthplace,

Tapco River

Name of Medical Attendant, or other Person who makes this Return.

Address,

Elisa Gipsom Bruce St 100

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be its attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such call, to report the birth of such child to the Registrar of Vital Statistics, within the time and in the manner prescribed in this section, or persons who shall hereafter all to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

86876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 11. 1886*

4. Place of Birth, (Street and Number) *Gerrett Ave. No. 16*

5. Full Name of Mother, *Mary McCarney*

6. Mother's Maiden Name, *Mary McHenry*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Felix McCarney*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. E. Mc*

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person or persons attending the birth shall be liable to a fine of ten dollars for each offence to be assessed by the Commissioner of Health. In the manner and within the period above provided, the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars as otherwise provided and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth *June 11th 1886*
4. Place of Birth, (Street and Number) *30 E. Pratt st*
5. Full Name of Mother, *Rachel Sycks*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Jacob Sycks*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. B. Bernstein*

Address, *49 S. Exeter St.*

Remarks, _____

Birth of any child shall occur without the attendance of a Physician or unlicensed midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 86878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *June 11th 1886*

4. Place of Birth, (Street and Number) *C. Baltimore st.*

5. Full Name of Mother, *Jennie Silberman*

6. Mother's Maiden Name, *Bromson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Isaac Silberman*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. C. Bernstein*

Address, *49 S. Exeter st.*

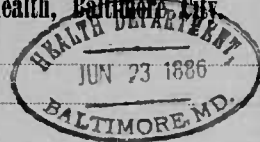
Remarks,



Birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 11th 1886

4. Place of Birth, (Street and Number) 85 Harrison st.

5. Full Name of Mother, Sarah Garner

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Joseph Garner

9. Father's Occupation, Liquor dealer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks, _____

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, who, immediately before or after the birth, has been licensed by the Board of Health, to practice the art of midwifery, or to practice the art of attending on women in childbed, or to practice the art of attending on children in infancy, or to practice the art of attending on children in childhood, or to practice the art of attending on children in adolescence, or to practice the art of attending on children in maturity, or to practice the art of attending on children in old age, or to practice the art of attending on children in any other condition of life, shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, and such fine and imprisonment shall be recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *June 11th 1886.*

4. Place of Birth, (Street and Number) *267 St. Eutaw St.*

5. Full Name of Mother, *Mary Catherine Hughes.*

6. Mother's Maiden Name, *Mary Catherine Hooper.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Hughes.*

9. Father's Occupation, *Public waiter*

10. Father's Birthplace, *Maryland.*

Name of Medical Attendant, or other Person who makes this Return *Edward E. Mackenzie*

Address, *69 Franklin St.*

Remarks, *Not any.*



RETURN OF A BIRTH 86882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
White
June 11th 1886
301 S. Calver St.
Jane Perry
" Mary Ann
Scotland
Joe J. Perry
Carpenter
England
Theodore C. C. M.D.
146 Madison St.

Birth of any child shall incur a fine of \$100, or imprisonment of 1 year, or both, if the mother or father fails to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

86883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W. A.*

3. Date of Birth, *June 11th 1886*

4. Place of Birth, (Street and Number) *94 Fairmount St.*

5. Full Name of Mother, *Sophie Miller*

6. Mother's Maiden Name, *" Miller*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *Richard C. Miller*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this Return *G. J. Smith*

Address, *748 Quincy*

Remarks,

See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the time prescribed, and any refusal to do so or personation to be recovered as other fines and forfeitures are recoverable, for each return to be recovered as other fines and forfeitures are recoverable.

he is attendance upon the mother, immediately thereafter, he shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

8/6/88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 11 of June

4. Place of Birth, (Street and Number)

No 134 Biddle

5. Full Name of Mother,

Josephine Bitt

6. Mother's Maiden Name,

Josephine Bachman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Bitt

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Lauer

Address,

No 123 Maryland Cal

Remarks,

Baltimore Md

1888

report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No Child 6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of June

4. Place of Birth, (Street and Number)

192 Fairmount Ave

5. Full Name of Mother,

Margaret L. Willson

6. Mother's Maiden Name,

Bradshaw

7. Mother's Birthplace,

Summer Settlement County

8. Full Name of Father,

James B. Willson

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Summer Settlement County

Name of Medical Attendant, or other Person who makes this Return,

Susan Magen

Address,

47 N. Durham

Remarks,

RETURN OF A BIRTH

86887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto June 14th 1886.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto June 11th 1886.

4. Place of Birth, (Street and Number) 204 Gough St.

5. Full Name of Mother, Annie Tribull

6. Mother's Maiden Name, Annie Mackert

7. Mother's Birthplace, America

8. Full Name of Father, Bernhard Tribull

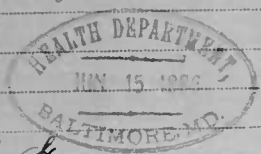
9. Father's Occupation, Wheelwright

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend

Address, 137 South Wolfe St

Remarks, H



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Report the birth to the Commissioner of Health, or the Registrar and Health Officer, or the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, June 11th 1886

4. Place of Birth, (Street and Number) 192 Pearl St.

5. Full Name of Mother, Charlotte Vogel

6. Mother's Maiden Name, Ch. Dike

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Bernhard Vogel

9. Father's Occupation, Cigar Manufacturer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. W. Mammel, Midwife

Address, No. 8 Pearl St.

Remarks, _____



RETURN OF A BIRTH 86889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12th 1886

4. Place of Birth, (Street and Number)

787 W Lombard St

5. Full Name of Mother,

Bertha Dietrich

6. Mother's Maiden Name,

Bertha Eberman

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Dietrich

9. Father's Occupation,

Collector

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

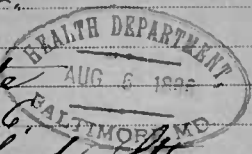
Mrs. Summer

Address,

~~Poplar St near Lexington St~~

Remarks,

40 North Charles St



For each child to be recovered as other laws and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Neger

3. Date of Birth, June 12 - 1886

4. Place of Birth, (Street and Number) 102 S. Spring St.

5. Full Name of Mother, Mary E. ~~Homer~~ Young

6. Mother's Maiden Name, Homer

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Gentry Young

9. Father's Occupation, carrier

10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks,

report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person
in person or by agent, who complies with the provisions of this section, shall be entitled to the fee of five dollars (5) dollars
for each return to be recovered as other fees and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleven*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *June 12th 1886*

4. Place of Birth, (Street and Number) *14 Biddle Alley*

5. Full Name of Mother, *Harriet Shipley*

6. Mother's Maiden Name, *Harriet Ashton*

7. Mother's Birthplace, *West Lane # Va*

8. Full Name of Father, *Albert Shipley*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Montgomery Ala Ind*

Name of Medical Attendant, or other Person who makes this Return, *Herter Holence*

Address, *39 E. Monument St*

Remarks,



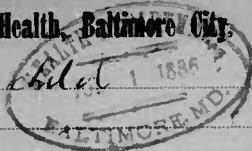
Printed in full to the Registrar of Health, in the manner and within the period above required, and if such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1 child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 12th 1886*
4. Place of Birth, (Street and Number) *323 Canton Ave*
5. Full Name of Mother, *Kate S. G. Luman*
6. Mother's Maiden Name, *Kate Shaffer*
7. Mother's Birthplace, *City*
8. Full Name of Father, *George G. Luman*
9. Father's Occupation, *Archer*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return, *Lynn Bely*
- Address, *120 Bank St*
- Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 86593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *12th of June*

4. Place of Birth, (Street and Number) *298 E. Cross St.*

5. Full Name of Mother, *Mary A. Kauff*

6. Mother's Maiden Name, *Mary A. Heist*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Albert J. Kauff*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Miss Mungler*

Address, *No. 1 Leadenhall St.*

Remarks,



Report to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other places and territories are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child (56894)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12" 1886

4. Place of Birth, (Street and Number) No. 551 Eastern Ave.

5. Full Name of Mother, Mary Roth

6. Mother's Maiden Name, Mary Holt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Roth

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Louise Wiley

Address, No. 30 Patterson Park Ave.

Remarks, 1886.

REPORT TO THE COMMISSIONER OF HEALTH, IN THE MANNER AND WITHIN THE PERIOD ABOVE REQUIRED, AND ANY SUCH PERSON OR PERSONS WHO SHALL HEREAFTER FAIL TO COMPLY WITH THE PROVISIONS OF THIS SECTION, SHALL BE SUBJECT TO THE FINE OF TEN (10) DOLLARS FOR EACH OFFENSE TO BE RECOVERED AS OTHER FINES AND FORFEITURES ARE RECOVERABLE.

RETURN OF A BIRTH ⁵⁶⁸⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan

22nd 1886

4. Place of Birth, (Street and Number)

414 Lancaster St

5. Full Name of Mother,

Caroline Dickerson

6. Mother's Maiden Name,

Caroline Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W. Dickerson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Louise Wiley

Address,

No 30 Patterson Park Ave.

Remarks,

1886

RETURN OF A BIRTH ⁸⁶⁸⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12th

4. Place of Birth, (Street and Number)

150 Bank St.

5. Full Name of Mother,

Rose M. M. M.

6. Mother's Maiden Name,

Rose Diamond

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William A. Mills

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Dorchester County

Name of Medical Attendant, or other Person who makes this Return.

Louise Wiley

Address,

No 30 Patterson Park Ave.

Remarks,

1886

report its birth to the Commissioner of Health, in the manner and form provided for by the Act of the General Assembly of 1885, and who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶⁸⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st



1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth June 12th 1886

4. Place of Birth, (Street and Number) 45 President st.

5. Full Name of Mother, Razia Sardell

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Italy

8. Full Name of Father, Sonate de Manuel Sardell

9. Father's Occupation, _____

10. Father's Birthplace, Italy

Name of Medical Attendant, Mrs. C. Bernstein
or other Person who makes this Return.

Address, 19 S. Exeter st.

Remarks, _____

Any person who neglects to report the birth of a child, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

he in the case, upon the mother, immediately thereafter, if she becomes the holder of the person or persons of such child, to
his birth, to the Commission of Health, in the manner and within the period above required, and any such person
or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁸⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

12th June 1878

4. Place of Birth, (Street and Number)

243 S. Sharp St.

5. Full Name of Mother,

Mary E. Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

H. J. Smith

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Balt.

Name of Medical Attendant,

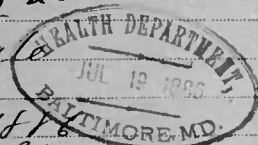
or other Person who
makes this Return.

H. W. Webster

Address,

101 Banner

Remarks,



RETURN OF A BIRTH. ⁸⁶⁸⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

12 of June

1886

4. Place of Birth, (Street and Number)

126

St Ann St

5. Full Name of Mother,

May Catherine

6. Mother's Maiden Name,

Murray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick George Dubois

9. Father's Occupation,

Dea Capt

10. Father's Birthplace,

Philadelphia

Penn

Name of Medical Attendant, or other Person who makes this Return.

M. A. Danenport

Address,

St J. Ann St

Remarks,

Mother & Baby doing well



be in attendance upon the mother, immediately thereafter, if not and within the period above required, and any such person report its birth to the Registrar of Vital Statistics, Baltimore City, and shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶⁹⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 12

4. Place of Birth, (Street and Number) Baltimore 144 R. Georgetown St.

5. Full Name of Mother, Matilda B. Longstreet

6. Mother's Maiden Name, " " Longstreet

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Goodman

9. Father's Occupation, Law Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Ann Herman or other Person who makes this Return.

Address, 10 S. 8th St

Remarks, _____



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

86901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The third child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The twelfth of June*

4. Place of Birth, (Street and Number) *68 S. Parrish, St.*

5. Full Name of Mother, *Rickey*

6. Mother's Maiden Name, *Rickey B. B. B.*

7. Mother's Birthplace, *German*

8. Full Name of Father, *Just King*

9. Father's Occupation, *labor*

10. Father's Birthplace, *German*

Name of Medical Attendant, or other Person who makes this Return, *Mary Kraig*

Address, *48 S. Parrish*

Remarks, *Mother and do well*

RETURN OF A BIRTH

86902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 12 1886*
4. Place of Birth, (Street and Number) *29 Low St*
5. Full Name of Mother, *Jennie Filer*
6. Mother's Maiden Name, *Metcalf*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Edward C. Filer*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this return, *Saml J. Bell M.D.*
- Address, *137 N. Gutter St*
- Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12

4. Place of Birth. (Street and Number)

N. Durham 307

5. Full Name of Mother,

Anne Schuster Hladik

6. Mother's Maiden Name,

Schuster

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Dominitz Hladik

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Address,

Josephine Conrad
20 Barnes St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{\$6900}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, June 13th 1886

4. Place of Birth, (Street and Number) Market Street - Space 40

5. Full Name of Mother, Elise Kaufman

6. Mother's Maiden Name, Hershting

7. Mother's Birthplace, Russia

8. Full Name of Father, Philip Kaufman

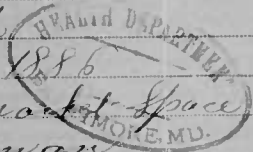
9. Father's Occupation, Second hand dealer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Mrs. R. Hollig

Address, 18 Hollander St.

Remarks,



RETURN OF A BIRTH ^{\$6908}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 

1. Sex, (state whether male or female)

White female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 13 1886

4. Place of Birth, (Street and Number)

174 Franklin Street

5. Full Name of Mother,

Blenny Krager

6. Mother's Maiden Name,

Blenny Guedenwald

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Krager

9. Father's Occupation,

Merchant

10. Father's Birthplace,

U. S.

Name of Medical Attendant, or other Person who makes this Return.

A. Guedenwald, M.D.

Address,

88 N. Eutan Street

Remarks,

Report to be made to the Registrar of Health, to the mother and within the period above required, and any such person who fails to do so, shall be subject to the fine of \$10 (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *June 13th 1886*

4. Place of Birth, (Street and Number) *374 Alice St. BALTIMORE MD.*

5. Full Name of Mother, *Mrs. Barbara Geise*

6. Mother's Maiden Name, *Barbara Heist*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Geise*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return. *Mrs. R. A. Carroll*

Address, *No 6513rd*

Remarks,



RETURN OF A BIRTH 86907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 13th 1886

4. Place of Birth, (Street and Number) Baltimore City 128 Pennsylvania St

5. Full Name of Mother, Louisa Euvaeckter

6. Mother's Maiden Name, Louisa Kersin

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Adam Euvaeckter

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Miss M. Shaffer

Address, 135 Ridgely St

Remarks,



No. 11. For each child born in the Commonwealth of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Be in attendance upon the mother, immediately thereafter, if such become necessary, in the manner and within the period above required, and any neglect or refusal to do so, shall be deemed a violation of the provisions of this act, and any person so neglecting or refusing to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

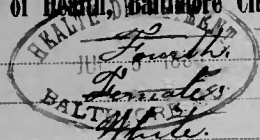
RETURN OF A BIRTH.

96909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *May Cecelia Steinick*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth *1* *"* *"* *"* *"* *18 June 1881,*
4. Place of Birth, (Street and Number) *11* *No. 15 North Poppleton St.*
5. Full Name of Mother, *"* *"* *"* *Minnie (Steinick) Bauer.*
6. Mother's Maiden Name, *"* *"* *"* *"*
7. Mother's Birthplace, *"* *"* *"* *"* *Baltimore*
8. Full Name of Father, *"* *"* *"* *"* *Peter (Steinick)*
9. Father's Occupation, *"* *"* *"* *"* *Fruit Dealer*
10. Father's Birthplace, *"* *"* *"* *"* *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Mrs. E. Subark

Address,

437 W. Pratt Street

Remarks,

It is the duty of the mother, immediately thereafter, to report the birth of the child to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

13 June 1886

4. Place of Birth, (Street and Number)

Fort St near

5. Full Name of Mother,

Mary Elizabeth Blanchett

6. Mother's Maiden Name,

Tucker

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James Blanchett

9. Father's Occupation,

Boat Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

Elizabeth Jewell

Address,

68 Fort Ave

Remarks,



RETURN OF A BIRTH 86912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd / 4th

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 13th 1897

4. Place of Birth, (Street and Number)

No 329 Hanover St

5. Full Name of Mother,

Mary Elizabeth Mess.

6. Mother's Maiden Name,

Wuehls

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John S. Jones

9. Father's Occupation,

Plumber Gas Fitter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Miss Minnie

Address,

No 1. Sedgewick St.

Remarks,

Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.



in attendance upon the mother, must report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

GIVEN NAME ADDED

RETURN OF A BIRTH

186913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 13th 1886

4. Place of Birth, (Street and Number) No 94 Lafayette St

5. Full Name of Mother. Mary Ranke

6. Mother's Maiden Name, Grunewald

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Herrman Ranke

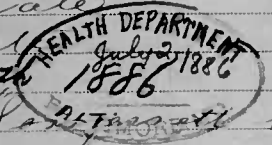
9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mr R. Helling

Address, 48 Hall and St

Remarks, File Date - July 2, 1886



In the accompanying the mother, informant, or other Person who makes this Return, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5. Edna Borchers

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 13th - 1886

4. Place of Birth, (Street and Number)

Washington St. Corner

5. Full Name of Mother,

Ella Borchers

6. Mother's Maiden Name,

" Hubner

7. Mother's Birthplace,

Balto MD

8. Full Name of Father,

Henry Borchers

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Balto MD

Name of Medical Attendant, or other Person who makes this Return.

Mrs. K. Ullig

Address,

48 E. 1st St.

Remarks,

File Date - 7-2-1886

GIVEN NAME ADDED 2-2-60

86914



86915

he be taken care of by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

401

Chale

White

June 13. 1886

Gerrent cho.

Mary Chanke

Mary Loring

Germana

Gotthard Abante.

Lauren

ГЕРМАН

Mrs. Etzel

Remarks, _____

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

86416

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. *Female* (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 13th 1886*

4. Place of Birth, (Street and Number) *534 Mulberry St Baltimore Md*

5. Full Name of Mother *Mary Anastasia*

6. Mother's Maiden Name, *Holden*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William Sylvester Hill*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Calvert County*

Name of Medical Attendant, or other Person who makes this Return *Emily Holden*

Address, *534 Mulberry St*

Remarks,



RETURN OF A BIRTH. 869 '7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *June 13th 1886*

4. Place of Birth, (Street and Number) *827 Montgomery St*

5. Full Name of Mother, *Emma V. Ward*

6. Mother's Maiden Name, *Emma V. Beard*

7. Mother's Birthplace, *Balti*

8. Full Name of Father, *Henry J. Ward*

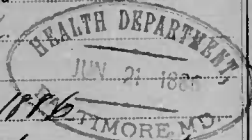
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Anna Mundel Es. Med.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs M. A. Cottrell*

Address, *825 Montgomery St*

Remarks,



Birth of any child shall occur without the duty of the parent or parents of such child, to be in the city of Baltimore, and any such person who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of five (\$5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. *Child*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 13th 1886

4. Place of Birth, (Street and Number) No 124 Chester St.

5. Full Name of Mother, Lizzie Vickars

6. Mother's Maiden Name, Lizzie Bush

7. Mother's Birthplace, Finchburg Virginia

8. Full Name of Father, Benjamin F. Vickars

9. Father's Occupation, Cann. Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Louise Wiley
or other Person who makes this Return.

Address, No 30 Patterson Park Ave.

Remarks, _____



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to be fine of ten (10) dollars for each offense to be recovered as other fees and penalties are recoverable.

RETURN OF A BIRTH ⁸⁶⁹¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 June 1886

4. Place of Birth, (Street and Number)

No 15 More St.

5. Full Name of Mother,

Eva King

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Chr. King

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Levin Wiley

Address,

No 30 Butler Park Ave.

Remarks,

1369211

ing in attendance upon the mother, immediately thereafter shall become the duty of the person or persons of such estate to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

3rd Child

- HEALTH DEPARTMENT
JUN 21 1896
BALTIMORE MD.

May E. Muller

N. Bates St. N^o 26

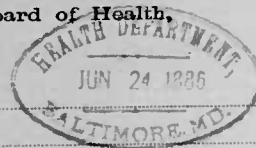
Remarks,

RETURN OF A BIRTH

86421

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 13th 1886

4. Place of Birth, (Street and Number)

146 N. Gay St

5. Full Name of Mother,

Lillie Mahoney

6. Mother's Maiden Name,

" Cook

7. Mother's Birthplace,

Balt. md

8. Full Name of Father,

William M. Mahoney

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

P. G. Dauschme

Address,

325 E. Balt. St

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 13th 1886

4. Place of Birth, (Street and Number) Corner of Randolph & St. Charles

5. Full Name of Mother, Jennie Bogle

6. Mother's Maiden Name, Jennie Wheeler

7. Mother's Birthplace, Baltimore City and

8. Full Name of Father, Henry Bogle

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore City and

Name of Medical Attendant, or other Person who makes this Return, C. Hinton

Address, Ad 688 South Charles St

Remarks, _____



Birth of any child shall occur & that the attendance of a physician or midwife, or woman, to deliver, or attend to after birth, shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, within the period above required, and any person who fails to do so, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH

86923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 13th June

4. Place of Birth, (Street and Number) 182 4th Ave St

5. Full Name of Mother, Emma Collins

6. Mother's Maiden Name, Banks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Collins

9. Father's Occupation, Saloon

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 125 N Caroline St

Remarks,



RETURN OF A BIRTH ⁸⁶⁹²⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



46 Hull St

Anna Schell

Anna Grote

Germanic

Wilhelm Henry Schell

Laborer

Maryland

Mrs Ettel

113 Cuba St

Baltimore

Birth of any child which occurs without the attendance of a physician or practitioner of medicine, or of a nurse, or of a midwife, or of any other person, shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person who neglects to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

to in a written form from the mother, immediately thereafter it shall become the duty of the person or persons of such child in
or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto June 14th 1886.

4. Place of Birth, (Street and Number) 8 Castle Street.

5. Full Name of Mother, Annie Heinel

6. Mother's Maiden Name, Annie Paeper.

7. Mother's Birthplace, America.

8. Full Name of Father, John Heinel.

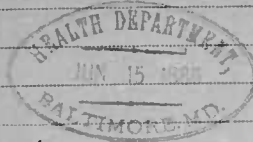
9. Father's Occupation, Driver.

10. Father's Birthplace, America.

Name of Medical Attendant, ^{or other Person who makes this Return.} Mrs. Mary Asmend.

Address, 137 South Wolfe St.

Remarks, OT



RETURN OF A BIRTH ⁸⁶⁹²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June, 14, 1886.*

4. Place of Birth, (Street and Number) *647 W. Lombard St.*

5. Full Name of Mother, *Mrs. Annie Frances Cook*

6. Mother's Maiden Name, *Annie Frances Burger*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *George Williams Cook*

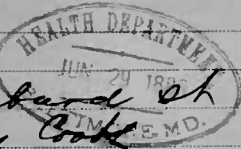
9. Father's Occupation, *Cann. Capper*

10. Father's Birthplace, *Martinsburg W. Va.*

Name of Medical Attendant, or other Person who makes this Return, *Wm. J. Chappell*

Address, *A. E. Cor. Preston & Market St.*

Remarks,



Notice of any child shall be reported within the attendance of a physician or attendance of midwife or should be other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each child to be reported, and as other laws and regulations are recoverable.

Missing 86928

Consent to be entered between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

3d Walter R. West

White HEALTH DEPARTMENT
JUN 28 1896
BALTIMORE MD.

Ida M. West
"M" Jenkins

James A. West
Captain of Vessel

Theodore C. Coker M.D.
146 S. Broadway

Name added March 16-1893 by undertaker
Walter R. West

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF

Office of Registrar of Vital Statistics,

child: William Henry Stoffel
of Mother, (state whether 1st, 2d, 3d, &c.)

City.

whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, No 20 Patterson Street Ave.

Remarks,

Male

White

June the 14

Baltimore 371 Alice Armand St

Anna D. Stoffel Stoffel

Anna D. Heusermann

Baltimore

Lewis C. Stoffel Stoffel

Barber

Baltimore

Mrs. Whaley

RETURN OF A BIRTH 86932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 14th 1886*

4. Place of Birth, (Street and Number) *338 Corline st*

5. Full Name of Mother, *Babaria Kanige*

6. Mother's Maiden Name, *" " Esmar*

7. Mother's Birthplace,

8. Full Name of Father, *Heldene Kanige*

9. Father's Occupation, *hair factory*

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Be in all cases upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 14th June

4. Place of Birth, (Street and Number) 21 Pleasant

5. Full Name of Mother, Mary Ellen Mayhorne

6. Mother's Maiden Name, Hard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Mayhorne

9. Father's Occupation, Councilman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 12 E. Lombard St.

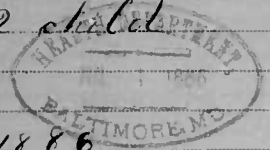
Remarks, _____

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 869311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

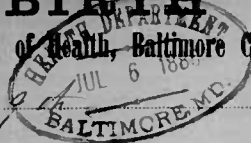
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 2 child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 11th 1886*
4. Place of Birth, (Street and Number) *164 Pratt st*
5. Full Name of Mother, *Jinney wort*
6. Mother's Maiden Name, *" " Edwitz*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Sam wort*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return, *Lizy Bctz*
- Address, *120 Bank st*
- Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



86936

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 14th

4. Place of Birth, (Street and Number)

65 South Chester

5. Full Name of Mother,

Hannah Koolan Niley

6. Mother's Maiden Name,

Hane

7. Mother's Birthplace,

City

8. Full Name of Father,

Washington Niley

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

State of Maine

Name of Medical Attendant, or other Person who makes this Return.

C. P. Jones M.D.

Address,

375 E. Balto. St.

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall be the duty of the person or persons of such child to register the same in this form, and to file the same in the office of the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month following the month in which the child was born, and any person who shall fail to do so, or any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14th - 1886

4. Place of Birth, (Street and Number) Howard St. No. 20

5. Full Name of Mother, Julia Hottel

6. Mother's Maiden Name, Pieble

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Charles Hottel

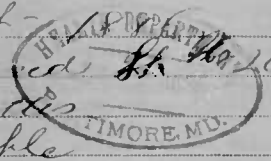
9. Father's Occupation, Sailor

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Helling

Address, 48 Hollander St

Remarks, _____



report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 86937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th June 1886

4. Place of Birth, (Street and Number) Chesapeake street near Elliott

5. Full Name of Mother, Virginia Luttrick

6. Mother's Maiden Name, Virginia Kuyt

7. Mother's Birthplace, Balto city

8. Full Name of Father, William Luttrick

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Gullens

Address, 104 Barclay street

Remarks,

RETURN OF A BIRTH ⁸⁶⁹³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth, *June 14th 1886*
4. Place of Birth, (Street and Number) *No 5 Ross*
5. Full Name of Mother, *Sarah Williams*
6. Mother's Maiden Name, *Messitts*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Wm Williams*
9. Father's Occupation, *Huckster*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address, *6 Hamleton St*
- Remarks,



RETURN OF A BIRTH ⁸⁶⁹³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14, 1886

4. Place of Birth, (Street and Number) W. 1st St. N. 1st St.

5. Full Name of Mother, Margaret Jones

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Shadrach Jones

9. Father's Occupation, Lab. man

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Jones

Address, 638 Lehigh St.

Remarks, _____



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, within the time and in the manner prescribed in this section, and shall be subject to the fine of ten (10) dollars for each offense to be recovered.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

86940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 of June
4. Place of Birth (Street and Number) 95 North ave
5. Full Name of Mother Leann Mullin
6. Mother's Maiden Name Leann Canon
7. Mother's Birthplace Baltimore
8. Full Name of Father John Mullin
9. Father's Occupation Gen. & Sheet Iron Works
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Ann Nash

RETURN OF A BIRTH 86941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 14th 1885*

4. Place of Birth, (Street and Number) *600 Lexington St*

5. Full Name of Mother, *Carrie Bessie Trainer*

6. Mother's Maiden Name, *Carrie Bessie*

7. Mother's Birthplace, *Bucks, Va*

8. Full Name of Father, *William A. Trainer*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Farmer's Va*

Name of Medical Attendant, or other Person who makes this Return, *H. H. McLaughlin M.D.*

Address, *441 N. Carroll St.*

Remarks,



is in attn here upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to request its birth to the Commissioner of Health, in the manner and form provided by law, and to pay the fee of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall be the duty of the person attending the birth to report the birth to the Registrar of Vital Statistics, Baltimore City, within the period of ten days, and any person who fails to do so shall be liable to a fine of ten dollars, and shall be subject to the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 86942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14, 1886

4. Place of Birth, (Street and Number) S. Castle St. No 126

5. Full Name of Mother, Elise Schorr

6. Mother's Maiden Name, Elise Hepp

7. Mother's Birthplace, Balt^o City

8. Full Name of Father, John A Schorr

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balt^o City

Name of Medical Attendant, or other Person who attended this return.

Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

RETURN OF A BIRTH ⁸⁶⁹⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 day of June 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Jessie Beal Rooney

6. Mother's Maiden Name, McGregor

7. Mother's Birthplace, Spots Landing

8. Full Name of Father, John T. Rooney

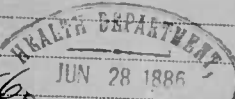
9. Father's Occupation, Brick Maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Julius Groom

Address, 10 466 Gay St Baltimore

Remarks,



birth of any child shall occur without the attendance of a Physician or Practitioner of medicine, or of a Nurse, or of a Midwife, or of a Person who shall be appointed by the Board of Health, in the manner and within the period above required, and any such person who shall fail to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH⁸⁶⁹⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 14th 1886*

4. Place of Birth, (Street and Number) *144 North Howard*

5. Full Name of Mother, *Mary S. McKim*

6. Mother's Maiden Name, *Mary S. McKim*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry S. McKim*

9. Father's Occupation, *Bakery*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. M. McKim*

Address, *No. 2 Cathedral St.*

Remarks,

RETURN OF A BIRTH ¹⁶⁹⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 14 1886*

4. Place of Birth, (Street and Number) *751 Pen. Ave.*

5. Full Name of Mother, *Sophia Crouse*

6. Mother's Maiden Name, *Leute*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Michael Joseph Crouse*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *W. A. Christian, M.D.*
or other Person who
mailed this Return

Address, *506 Mad. Ave.*

Remarks,

RETURN OF A BIRTH 81946

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 14th 1886

4. Place of Birth, (Street and Number)

179 W. Mount St.

5. Full Name of Mother,

Ethel C. Binns

6. Mother's Maiden Name,

" " Dobson

7. Mother's Birthplace,

Nova Scotia

8. Full Name of Father,

Fredrick J. Binns

9. Father's Occupation,

Clk - Broad Street -

10. Father's Birthplace,

England -

Name of Medical Attendant, or other Person who makes this Return

J. Harvey Hill M.D.

Address,

127 Arlington Ave.

Remarks,

RETURN OF A BIRTH ⁸⁶⁹¹¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 14th

4. Place of Birth, (Street and Number) No. 678 of Charles St

5. Full Name of Mother, Ida Mast

6. Mother's Maiden Name, Ida Jenkins

7. Mother's Birthplace, Anna Strindel Co md

8. Full Name of Father, James Mast

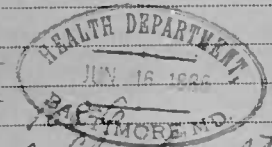
9. Father's Occupation, Mariner

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, See

Address, 688 South Charles St 869117

Remarks, 1924



Each of any child and person without the signature of the mother, immediately thereafter it shall become the duty of the person or persons of such child to be in attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Registrar of Vital Statistics, Baltimore City, and to file a copy of this Return with the Registrar of this section, and to be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *1898*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 14th 1886 5:00 P.M.*
4. Place of Birth, (Street and Number) *178 Mc Henry St.*
5. Full Name of Mother, *Charlotte B. Lewis*
6. Mother's Maiden Name, *Andrews*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Joshua Benjamin Lewis*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *H. W. Weber M.D.*
- Address, *298 W. Lombard St.*
- Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other than the usual manner.

RETURN OF A BIRTH *869117*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 of June 1886*

4. Place of Birth, (Street and Number) *269 Orleans St*

5. Full Name of Mother, *Mary Anderson*

6. Mother's Maiden Name, *" Wilson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Anderson*

9. Father's Occupation,

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Walters*

Address *25 N. Caroline St*

Remarks,



RETURN OF A BIRTH

86930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 1st

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Baltimore June 14th 1886.

4. Place of Birth, (Street and Number) 13 Castle Street.

5. Full Name of Mother. Ellen Dorsey.

6. Mother's Maiden Name. Ellen Penning.

7. Mother's Birthplace. America.

8. Full Name of Father. Ely Dorsey.

9. Father's Occupation. Laborer.

10. Father's Birthplace. America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wagon St.

Remarks, atp



be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such class to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, and to file a copy of this return with the Registrar of the same. For each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *14 June*

4. Place of Birth, (Street and Number) *N. W. cor Light and Barner Sts*

5. Full Name of Mother, *Mary Catherine Heber*

6. Mother's Maiden Name, *Wamhoff*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mr. Fred. Heber*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mr. Munch*

Address, *S. W. cor Leadenhall & Montgomery Sts*

Remarks, *Lied of Spasms on June 18th 1886.*



Use in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other time and forfeitures are recoverable.

RETURN OF A BIRTH 86952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____

1886



Birth of any child shall occur a child the attendance of a physician or practitioner of any other person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁸⁶⁹⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 15th 1886*
4. Place of Birth, (Street and Number) *27 E Lombard St.*
5. Full Name of Mother, *Francis Eckhardt*
6. Mother's Maiden Name, *Leikauf*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Philip Eckhardt*
9. Father's Occupation, *Businessman*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *S. H. Seldner M.D.*
Address, *30 E. Cor. Caroline &ager Sts.*
Remarks,



Birth of each child shall occur without the assistance of a physician or other person, and the person or persons who shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense so be recorded.

RETURN OF A BIRTH

86954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15th

4. Place of Birth, (Street and Number)

Spring St. near North

5. Full Name of Mother,

Sherry Mary

6. Mother's Maiden Name,

Kefner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Sherry

9. Father's Occupation,

Crescent

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mrs Hannah Sherry

Address,

144 S Bond Street

Remarks,



Birth of any child shall occur a return of the same to the Registrar of the Health Department of the City of Baltimore, to be its attendance upon the mother, immediately thereafter. It shall be the duty of the person in attendance of such child, to report the same to the Registrar of the Health Department of the City of Baltimore, within the time specified, and if such person fails to do so, he shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH. 86955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth 15 of June 1886

4. Place of Birth, (Street and Number) 220 Spring Street

5. Full Name of Mother, ella wilson

6. Mother's Maiden Name, ella smith

7. Mother's Birthplace, bone philadelphia

8. Full Name of Father, rand wallace

9. Father's Occupation, bone Baltimore Labor

10. Father's Birthplace, b

Name of Medical Attendant, or other Person who makes this Return, Mrs. shuman

Address, _____

Remarks, _____



RETURN OF A BIRTH ⁸⁶⁹⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7. Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. the 15. 1868.*

4. Place of Birth, (Street and Number) *S. Belhel St. No 312.*

5. Full Name of Mother, *Katharine Jerscheid*

6. Mother's Maiden Name, *Katharine Gros*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Michael Jerscheid*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who made his return, *Mary E. Müller*

Address, *N. Dallas A. No 26*

Remarks,



Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, within the time specified in the Act, and the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 15th 1886*
4. Place of Birth, (Street and Number) *99 S. Sharp St.*
5. Full Name of Mother, *Martha Sackee*
6. Mother's Maiden Name, *M^r Miller*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Adolph Sackee*
9. Father's Occupation, *Lithographer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Hm Gombel M.D.*
- Address, *170 S. Sharp St.*
- Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 15 June 1886
4. Place of Birth, (Street and Number) 354 Hanover St
5. Full Name of Mother, Bessie Hardy
6. Mother's Maiden Name, Hatten
7. Mother's Birthplace, Prince Georges Co Md
8. Full Name of Father, Henry Hardy
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Jewell
- Address, 68 Front Ave
- Remarks, _____



Birth of any child shall occur without the attendance of a Physician or person duly qualified in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, within the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in any other lines and forfeitures are recoverable.

RETURN OF A BIRTH. 86959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth June 15 1886

4. Place of Birth, (Street and Number) Baltimore 132 Mill street

5. Full Name of Mother, Roxanna Polley

6. Mother's Maiden Name, Roxanna Wilson

7. Mother's Birthplace, Kentucky

8. Full Name of Father, William S. Polley

9. Father's Occupation, Sailor

10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other Person who makes this Return, Willie Gross

Address, 181 York Street

Remarks,



RETURN OF A BIRTH ⁸⁶⁹⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 15th 1886*

4. Place of Birth, (Street and Number) *89 Collins St*

5. Full Name of Mother, *Beckia Brown*

6. Mother's Maiden Name, *Beckia Dodd*

7. Mother's Birthplace, *Mount Savage Md*

8. Full Name of Father, *John J. Brown*

9. Father's Occupation, *undertaker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*

Address, *21 N Pappellton St*

Remarks:



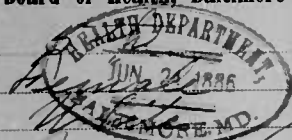
be in attendance upon the mother, immediately after it shall become the duty of the registrar, pursuant to such, and to report its birth in accordance with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁶⁹⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 15/86

4. Place of Birth, (Street and Number)

43 N. Popperton St.

5. Full Name of Mother,

Eliza R. Griffith

6. Mother's Maiden Name,

" " League

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

D. H. Griffith

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Annapolis Co

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunt.

Address,

21 N. Popperton St

Remarks,

RETURN OF A BIRTH 86962

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17 tenth

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) brown skin

3. Date of Birth, 15 tenth of June 1886

4. Place of Birth, (Street and Number) harmony lane no 6

5. Full Name of Mother, Henry Brisco

6. Mother's Maiden Name, Henry Brisco

7. Mother's Birthplace, Bal City

8. Full Name of Father, Edward Holiday

9. Father's Occupation, Howard County Md

10. Father's Birthplace, Howard Co Md wife

Name of Medical Attendant, or other Person who makes this Return Lydia Somerville

Address, 13 Clinton avenue

Remarks,

Birth of any child shall occur - that the attendance of a physician or practitioner of medicine, or other person, shall be required, and the duty of the person or persons attending the birth, to the Registrar of Health, in the manner of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

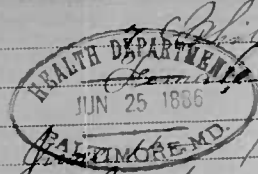
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Child.
Female
51 Goodman Alley
Maggie Hipschman
Kriech
Germany
John Hipschman
Laborer
Germany

J. Schwasser. Midwife
330 Hanover St.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 4.55 A.M. 1886
4. Place of Birth, (Street and Number) 13 Scott St.
5. Full Name of Mother, Amie E. Harr
6. Mother's Maiden Name, Wood
7. Mother's Birthplace, Calvert Co. Md.
8. Full Name of Father, Jesse M. Harr
9. Father's Occupation, Pattern Maker
10. Father's Birthplace, D.C.
- Name of Medical Attendant, or other Person who makes this Return, W. H. Weber M.D.
- Address, 298 W. Lombard St.
- Remarks, _____



birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report the birth to the Commissioner of Health, and the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁸⁶⁹⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 15, 1886

4. Place of Birth, (Street and Number) 9 Rome St.

5. Full Name of Mother, Minnie Hodges

6. Mother's Maiden Name, Minnie Foster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alexander Hodges

9. Father's Occupation, Cannemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return, Mary S. Inayne

Address, 57 Luzerne St.

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of the child, the mother, immediately thereafter, shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered by the Commissioner of Health, and other lines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁷⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 Name Dora*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th of June 1886*

4. Place of Birth, (Street and Number) *216 S. Spring St*

5. Full Name of Mother, *Fanny Schelinsky*

6. Mother's Maiden Name, *Fanny Schapiro*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Raifman Cohen*

9. Father's Occupation, *Perdler*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *D Schorman*

Address, *Albemarle st at 26.*

Remarks,



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁶⁹⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16 June 1886

4. Place of Birth, (Street and Number) 89 1/2 E Lombard St

5. Full Name of Mother, Emma Gulhaard

6. Mother's Maiden Name, Emma Weber

7. Mother's Birthplace, Prussia Germany

8. Full Name of Father, Ed C Gulhaard

9. Father's Occupation, Attendant in Freeville Co

10. Father's Birthplace, Düsseldorf Germany

Name of Medical Attendant, or other Person who makes this Return Anna Schneikant

Address, 1257 E Lombard St

Remarks, _____

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Howard Mears

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 1st 1896

4. Place of Birth, (Street and Number) 223 S. Bond St.

5. Full Name of Mother, Kate Gelzer

6. Mother's Maiden Name, single

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Mears

9. Father's Occupation, Laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks, CERTIFICATE CORRECTED 3-16-53

For each affidavit to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, June 16/1880

4. Place of Birth, (Street and Number) 202 Gough St

5. Full Name of Mother, Kate Riel

6. Mother's Maiden Name, Krauling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sam Riel

9. Father's Occupation, Captain

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address, 142 S Washington St

Remarks, _____



RETURN OF A BIRTH 86970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth Wednesday June 26th 1886.
4. Place of Birth, (Street and Number) 351 E. Chase St.
5. Full Name of Mother Nellie F. Hall.
6. Mother's Maiden Name Nellie F. Evans.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Hall
9. Father's Occupation Life Insurance Agent.
10. Father's Birthplace Balto. Md.
Name of Medical Attendant, or other Person who makes this Return Wilmer Bristow M.D.
Address Chase St + Lombard Place,
Remarks

for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 86971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 16th of June

4. Place of Birth, (Street and Number) 62 Canal

5. Full Name of Mother, Emelia Reichert

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Germany

8. Full Name of Father, Robert Reichert

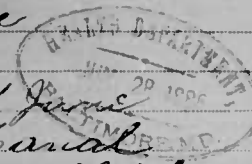
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return, Sarah Casper

Address, 72 E. Lombard St.

Remarks, _____



For each offense to be recovered as other than paid forfeitures are recoverable.

RETURN OF A BIRTH

86972

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 16th 1886

4. Place of Birth, (Street and Number)

26 South Eden St.

5. Full Name of Mother,

Matilda Hellwig

6. Mother's Maiden Name,

Davis

7. Mother's Birthplace,

York Pa

8. Full Name of Father,

August Hellwig

9. Father's Occupation,

Coal Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

E. M. Lee M.D.

Address,

192 N. Carey St

Remarks,



RETURN OF A BIRTH

86973

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 16 1886

4. Place of Birth, (Street and Number)

No 20 Keyser Street

5. Full Name of Mother,

Virginia Baker

6. Mother's Maiden Name,

Virginia Baker - (Aunt)

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George M. Baker

9. Father's Occupation,

Porter or Clerk

10. Father's Birthplace,

Carroll County Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. F. Martineau, M.D.

Address,

Bolan's Avenue

Remarks,

(Mrs Ray Nurse)



RETURN OF A BIRTH 86974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 16. 1886

4. Place of Birth, (Street and Number)

5 Hope St

5. Full Name of Mother,

Maria L. Parry

6. Mother's Maiden Name,

" " Ingram

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

William Parry

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

C. H. Thomas, M.D.

Address,

66 E Baltimore St.

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH. ⁸⁶⁹⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth June 16 1886

4. Place of Birth, (Street and Number) 393 West Pratt City

5. Full Name of Mother, Augusta Foster

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm. Foster

9. Father's Occupation, Baker

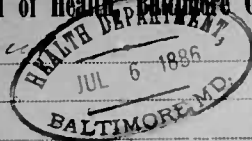
Father's Birthplace, Washington D.C.

Name of Medical Attendant, Mrs. J. E. each

or other Person who makes this Return.

Address, _____

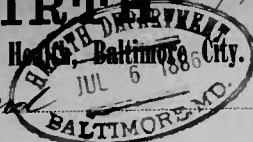
Remarks, _____



If persons who shall return this form fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

June 16th 1886

4. Place of Birth, (Street and Number)

No 69 S. Fremont Street

5. Full Name of Mother,

Kate Walbrucher

6. Mother's Maiden Name,

Kate Miller

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Gustav Walbrucher

9. Father's Occupation,

Watch Maker

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. E. Sebach

Address,

No 439 23rd Pratt Street

Remarks,

for each affiance to be recovered as other and infirmities are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 16 May of June

4. Place of Birth, (Street and Number) W. 8th Street W

5. Full Name of Mother, Annie C. Pauke

6. Mother's Maiden Name, Annie August Heques

7. Mother's Birthplace, New York

8. Full Name of Father, Lucas Pauke

9. Father's Occupation, Seaman

Father's Birthplace, Ireland

Name of Medical Attendant, Valina Gresham

or other Person who
makes this Return.

Address, 218 West W

Remarks,



For each affix to be received as other firms and certificates are recoverable.

RETURN OF A BIRTH.

86978

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Weggo

3. Date of Birth

June 16th 86

4. Place of Birth (Street and Number)

275 N. Eutanaw

5. Full Name of Mother

Mary Ballaigh

6. Mother's Maiden Name

Mary Ross

7. Mother's Birthplace

Cincinnati Ind.

8. Full Name of Father

Samuel Ballaigh

9. Father's Occupation

Laborer

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. J. L. D.

Address

270 N. Charles St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 86979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July the 16. 1886*

4. Place of Birth, (Street and Number) *N. Chappel. St. No 36.*

5. Full Name of Mother, *Barbara Hess.*

6. Mother's Maiden Name, *Barbara Wimmesen*

7. Mother's Birthplace, *Harnschen H. V. Oestreich Europe*

8. Full Name of Father, *Johann Hess.*

9. Father's Occupation, *Trunkmacher*

Father's Birthplace, *Bleichenbach Gr. Hessen. Germany*

Name of Medical Attendant, or other Person who makes this return. *Mary E. Müller*

Address, *N. Dallas St. No 26*

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Light complexion*

3. Date of Birth, *June 16th 1886*

4. Place of Birth, (Street and Number) *No 58 W. Preston St*

5. Full Name of Mother, *Mary Weaver*

6. Mother's Maiden Name, *Jackson*

7. Mother's Birthplace, *Richmond Co., Va*

8. Full Name of Father, *John R. Weaver*

9. Father's Occupation, *Sancheater Co., Va.,*

10. Father's Birthplace, *Chair Maker*

Name of Medical Attendant, or other Person who makes this Return, *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

86981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *16 of May*

4. Place of Birth, (Street and Number) *109 Vincent alley*

5. Full Name of Mother, *Glennie Jackson*

6. Mother's Maiden Name, *Glennie Sargent*

7. Mother's Birthplace, *Richmond, Va.*

8. Full Name of Father, *William Jackson*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Richmond, Va.*

Name of Medical Attendant, or other Person who makes this Return. *Mary C. Jones*

Address, *544 E. Lexington St*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Col.*

3. Date of Birth, *June 16/1886*

4. Place of Birth, (Street and Number) *106 So. Durham*

5. Full Name of Mother, *Mrs. E. Wilson*

6. Mother's Maiden Name, *John E. Wilson*

7. Mother's Birthplace, *Richmond, Va.*

8. Full Name of Father, *E. Wilson*

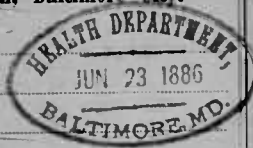
9. Father's Occupation, *Barber*

10. Father's Birthplace, *Va.*

Name of Medical Attendant, or other Person who makes this Return. *Geo. L. Martin*

Address, *147 S. Broadway*

Remarks, *Instrumental Delivery*



RETURN OF A BIRTH.

86983

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 16th 1886*

4. Place of Birth (Street and Number) *221 West Hoffman*

5. Full Name of Mother *Maryland Virginia Hanna*

6. Mother's Maiden Name *Maryland Virginia Gibson*

7. Mother's Birthplace *Baltimore, Md*

8. Full Name of Father *Robert Nelson Hanna*

9. Father's Occupation *Electrician*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

A. J. Bell M.D.
234 Madison Avenue
Baltimore,

Md

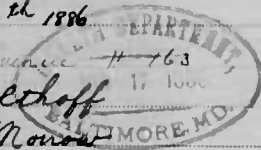


any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁶⁹⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1886
4. Place of Birth, (Street and Number) Riggs Avenue #763
5. Full Name of Mother, Rose C. Schoff
6. Mother's Maiden Name, Rose C. Monro
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Louis S. Schoff
9. Father's Occupation, Travelling Agent
10. Father's Birthplace, Hanover Penn
Name of Medical Attendant, or other Person who makes this Return L. J. Sparrow
Address, # 279 N. Mount Street
Remarks,



RETURN OF A BIRTH, 86985

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex: (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 16th

4. Place of Birth, (Street and Number)

56 Farm St

5. Full Name of Mother

Lizzie Luskoff

6. Mother's Maiden Name

Lizzie Riley

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Harry Luskoff

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

James Bacon M.D.

Address

Arlington St of Wythe Ave

Remarks

RETURN OF A BIRTH

86986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Coolard

3. Date of Birth, June 17th 1882

4. Place of Birth, (Street and Number) 182 Tyson Street

5. Full Name of Mother, Harriet Brown

6. Mother's Maiden Name, Pietan

7. Mother's Birthplace, Baltimore County MD

8. Full Name of Father, John Brown

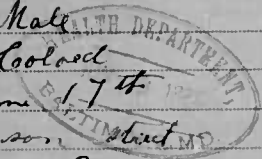
9. Father's Occupation, Casselman

10. Father's Birthplace, Actonop County Virginia

Name of Medical Attendant, or other Person who makes this Return, Alvin Johnson

Address, 94 Tyson Street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 in 100 dollars for each offense to be recovered as other laws and forfeitures are recoverable.

Reports in this form to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 86987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17th 1886.

4. Place of Birth, (Street and Number)

Maternity #161 W. Lombard St.

5. Full Name of Mother,

Bettie Brown

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return.

Chas. St. Pitcher M.D.

Address,

Maternity Hooph

Remarks,



RETURN OF A BIRTH ⁸⁶⁹⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17th June

4. Place of Birth, (Street and Number)

115th Broadway

5. Full Name of Mother,

Louisa Jones

6. Mother's Maiden Name,

" Lohr

7. Mother's Birthplace,

New York

8. Full Name of Father,

Wm. Field Jones

9. Father's Occupation,

Collar maker

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return,

C. L. Baddenbohn

Address,

166 S. Paca St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 86989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17th 1886

4. Place of Birth, (Street and Number)

Balto 345 S. Sharp St.

5. Full Name of Mother,

Christina Boeschee

6. Mother's Maiden Name,

Christina Schaefer

7. Mother's Birthplace,

Balto County Ind

8. Full Name of Father,

John Wm Henry Boeschee

9. Father's Occupation,

Engineer Stationary

Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return

Chas Bunge

Address,

426 Broad St

Remarks,



of persons who shall receive any notice of the provisions of the act, and who shall be liable to be recovered as other fines and for damages are recoverable.

RETURN OF A BIRTH 86990

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

ninth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17

July 1886

4. Place of Birth, (Street and Number)

37 Dumbarton St.

5. Full Name of Mother,

Hellen Hamel

6. Mother's Maiden Name,

Mohrshausen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Hamel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

John Hobbs

Address,

594 W. Fayette

Remarks,

RETURN OF A BIRTH ⁸⁶⁹⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, June 17: 1886

Place of Birth, (Street and Number) 265 E. Batho. st

Full Name of Mother, Etta Salabo

Mother's Maiden Name, Lough

Mother's Birthplace, Baltimore

Full Name of Father, Sody Salabo

Father's Occupation, Rum Broker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C. C. Williams

Address, 201 Madison Ave

Remarks, _____



Settling this period above required, except in the cases of this office and death of the mother, father, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁶⁹⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17th

4. Place of Birth, (Street and Number) Belair Ave no

5. Full Name of Mother, Police Meyers

6. Mother's Maiden Name, Police Nelson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Meyers

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. H. Hume

Address, 6 E. Chester St. Baltimore Ave

Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

86993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

17th of June

4. Place of Birth, (Street and Number)

1-1 E. Lombard St.

5. Full Name of Mother,

Corrie Seigel

6. Mother's Maiden Name,

Eckhart

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Franz Joseph Seigel

9. Father's Occupation,

Liquor Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard St.

Remarks,

RETURN OF A BIRTH

86994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 15th 1886.

4. Place of Birth, (Street and Number)

7 Russell St.

5. Full Name of Mother,

Elizabeth Zoeller.

6. Mother's Maiden Name,

" Waffy.

7. Mother's Birthplace,

Balto City.

8. Full Name of Father,

Frank V. Zoeller.

9. Father's Occupation,

Brick layer.

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tallant.

Address,

152 Sharp St.

Remarks,



for each affiance to be recovered as other place and for affiances are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁶⁹⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth June 17 1886

4. Place of Birth, (Street and Number) 34 Walker St. Baltimore, Md.

5. Full Name of Mother, Annie pretinson

6. Mother's Maiden Name, Annie Brown

7. Mother's Birthplace, Tolbert conty Va

8. Full Name of Father, Cornelius Monroe

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Scho Lothie Williams

Address, 1011 S. Howard St

Remarks, five dollars

RETURN OF A BIRTH ⁸⁶⁹⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17th of June 1886

4. Place of Birth, (Street and Number)

No. 3 Meyer street.

5. Full Name of Mother,

Liedora Schmitt.

6. Mother's Maiden Name,

Liedora Devard.

7. Mother's Birthplace,

Howard County

8. Full Name of Father,

Thomas J. Devard.

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Crescentia Kunkel.

Address,

71 North Chapel St. per Justina Kunkel.

Remarks,

Healthy

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁶⁹⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1st

Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, June 19/86

4. Place of Birth, (Street and Number) 30 N. Howard St.

5. Full Name of Mother, Veronica M. Kirsh

6. Mother's Maiden Name, Veronica M. Lang

7. Mother's Birthplace, Pittsburg, Germany

8. Full Name of Father, Georg H. Kirsh

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, John L. G. Gray, M.D.

Address, 273 Lexington St.

Remarks,

or persons who are hereafter, and comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 86998

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 17th

4. Place of Birth, (Street and Number)

154 Penna ave

5. Full Name of Mother

Susanna Clifford

6. Mother's Maiden Name

Susanna Johnson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Sylvester W. Clifford

9. Father's Occupation

Musician

10. Father's Birthplace

Baltimore Md

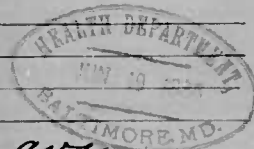
Name of Medical Attendant, or other Person who makes this Return.

James Bacon M.D.

Address

Orlinston & Lafayette Aves

Remarks



RETURN OF A BIRTH ⁸⁶⁹⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Augusta Heckner
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *17 day of June 1886*
4. Place of Birth, (Street and Number) *No. 94 West St*
5. Full Name of Mother, *Laura Heckner*
6. Mother's Maiden Name, *Laura Miller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Heckner*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Yalrua Gishaler*
- Address, *Spencer West St*
- Remarks, *OTHER TAGE ADDED 4-8-85*
L M

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ^{\$7.000}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 17 1886*

4. Place of Birth, (Street and Number) *529 N. Calhoun St.*

5. Full Name of Mother, *Annie C Christler*

6. Mother's Maiden Name, *Wagner*

7. Mother's Birthplace, *Carroll Co. Md.*

8. Full Name of Father, *Geo. Henry Christler*

9. Father's Occupation, *Tender of Animals at Druid Hill Park*

10. Father's Birthplace, *Frederick Md.*

Name of Medical Attendant, or other Person who makes this Return *W. Christian M.D.*

Address, *506 Madison Ave.*

Remarks,

copy of this report or certificate of such child to be made, is kept in the Board of Health, in the manner, and within the period above required, except in the case of the birth of a child, the mother of which is a foreigner, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁰⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

June 17 1886

4. Place of Birth, (Street and Number)

111 Harmony Lane

5. Full Name of Mother,

Charlotte Lott

6. Mother's Maiden Name,

Charlotte Boston

7. Mother's Birthplace,

West River

8. Full Name of Father,

Wm Boston

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Kentucky

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Provost

Address,

1010 Carroll St

Remarks,

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

87002

To the Office of Registrar of Vital Statistics, Board of Health Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *17th of June 1886*
4. Place of Birth, (Street and Number) *No 7 Christian st*
5. Full Name of Mother, *Mrs. Dora P.*
6. Mother's Maiden Name, *Mrs. Margaret Weinrich*
7. Mother's Birthplace, *Holsten Germany*
8. Full Name of Father, *Mrs. Dora*
9. Father's Occupation, *Shoe Maker*
10. Father's Birthplace, *Holsten Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Miller*
- Address, *1017 West Pratt st*
- Remarks,

RETURN OF A BIRTH 87003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



17th of June 1886

No. 19 Forest st

Mrs Raush

Min Maggie

Germany

Mrs Henry Raush

Laborer

Germany

Mrs Miller

1017 West Pratt st

RETURN OF A BIRTH ⁸⁷⁰⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, June 17

4. Place of Birth, (Street and Number) Charles St no 15

5. Full Name of Mother, Mary Garrison

6. Mother's Maiden Name, Mary Liles

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Garrison

9. Father's Occupation, Ship Captain

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, W H Smith no 100 Maryland St

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and infirmities are recoverable.

RETURN OF A BIRTH ⁸⁷⁰⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ²² 9-10

1. Sex, (state whether male or female)

Male & female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17

4. Place of Birth, (Street and Number)

20 Barnes St No 36

5. Full Name of Mother,

Josephine Skard

6. Mother's Maiden Name,

" " Hanae

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

George Skard

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Josephine Con. S.

Address,

20 Barnes St

Remarks,

RETURN OF A BIRTH ⁸⁷⁰⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 17th 1886

4. Place of Birth, (Street and Number)

46 2 Lombard St

5. Full Name of Mother,

Leresa Guthrie

6. Mother's Maiden Name,

" Dickelmann

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

George Guthrie

9. Father's Occupation,

Crochman

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Samuel J. Bell M.D.

Address,

134 N. Gay St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other filices and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17th 1886

4. Place of Birth, (Street and Number) 675 W. Fayette St.

5. Full Name of Mother, Agnes Kahler

6. Mother's Maiden Name, " Moran

7. Mother's Birthplace, Maryland

8. Full Name of Father, Chas. P. Kahler.

9. Father's Occupation, Civil Engineer.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Thomas Opie M.D.

Address, 179 N. Howard St.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, above required, except in the cases of the births and deaths of illegitimate children, and of any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are now recoverable.

A circular ink stamp from the Inspection Department of the Baltimore Police. The text "INSPECTION DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, there is a date stamp that reads "APR 21 1900". There are also some faint, illegible handwritten marks within the stamp.

2nd

7. 18. 86.

22 Warner St

Alice Racht, Halletts

4 4 Andrew

Balls m

Geo Percy Hallen

Printer

Rochester N.Y

James M. Cassman

349 Lexington

Natural

RETURN OF A BIRTH ⁸⁷⁰⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... ^{4th}

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return......

Address,.....

Remarks,.....

Heard
White
June 18 3d 1886
265-24-82
Rose Granger
Rose Marsh
Va
Joseph Granger
Book Keeper
Ma
H B Noble MD
50 Harw. av

For persons who shall hereafter call for copies of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{870 10}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 18th 1886*

4. Place of Birth, (Street and Number) *47th St*

5. Full Name of Mother, *Annie Reed*

6. Mother's Maiden Name, *" " Willner*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Henry Reed*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Lizzy Bety*

Address, *120th St*

Remarks,



RETURN OF A BIRTH.

87011

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Female
White
June 15th 1886
133. E Lombard St
Kate Kreamer
Beyersdorf
Baltimore Md
Henry Kreamer
Tailor
Germany
Dr. James E. Whiteford,
146 ALBANY STREET,
BALTIMORE, MD

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

87012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 1899

4. Place of Birth, (Street and Number)

116 Stirling St

5. Full Name of Mother,

Josephine Surr

6. Mother's Maiden Name.

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Surr

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

S. H. Seldner M. D.

Address,

S. E. Cor. Caroline & Eager Sts

Remarks,



RETURN OF A BIRTH ⁸⁷⁰¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 15 - 1886

4. Place of Birth, (Street and Number)

236 S. Durham St.

5. Full Name of Mother,

Margret Foxwood

6. Mother's Maiden Name,

Jay

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Foxwood

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

131 E. Pratt St.

Remarks,



RETURN OF A BIRTH 87014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, June 18th 1886

4. Place of Birth, (Street and Number) 314 Montross St

5. Full Name of Mother, Catharine M. Gildmann

6. Mother's Maiden Name, Catharine M. Lohme

7. Mother's Birthplace, Germany

8. Full Name of Father, H. G. Gildmann

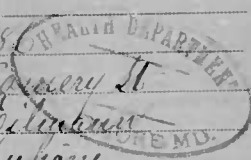
9. Father's Occupation, Dealer in Groceries & Liquors

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. J. Munch

Address, No. 1 Leadenhall St.

Remarks, _____



3 7 2 3 11 11

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

870 15

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 18th 1886

4. Place of Birth, (Street and Number)

215 N. Carey St.

5. Full Name of Mother,

Anna Sarah Green

6. Mother's Maiden Name,

Seathery

7. Mother's Birthplace,

Somerset Co. Md.

8. Full Name of Father,

Wm Oliver Green

9. Father's Occupation,

Clerk

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Address,

192 N. Carey St. E. W. Hall M.D.

Remarks,



RETURN OF A BIRTH.

57016

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

June 18
21 St Marys St
Lillie Beasley
Lillie Nichols
Baltimore
Benjamin Beasley
Porter
Baltimore

A E Bias 277 W. Biddle St City

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

87017

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Child
Male
Colored
June 18
No 11. Washea St
Rosa Brown
Rosa Johnson
Baltimore
John Brown
Waiter
Frederick Mc

A S Bias 277 W. Biddle St City

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

84018

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 18th 1886

4. Place of Birth, (Street and Number) Baltimore No 557 Light Street

5. Full Name of Mother Elara Hawkins

6. Mother's Maiden Name Elara Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Hawkins

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Donaldson

Address Corner Bond and Heath Street No 33

Remarks Mother and child doing well as can be expected



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th June 1886

4. Place of Birth, (Street and Number) No. 277 York Ave.

5. Full Name of Mother, Fanny May

6. Mother's Maiden Name, Fanny Millapoke

7. Mother's Birthplace, Begun

8. Full Name of Father, John May

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Begun

Name of Medical Attendant, or other Person who makes this Return, Fannie Gushaker

Address, No. 121 West St.

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

87020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 18th 1886

4. Place of Birth, (Street and Number)

No 133 E. Baltimore

5. Full Name of Mother,

Josephine McGunder Warner,

6. Mother's Maiden Name,

" " Primrose,

7. Mother's Birthplace,

D. C.

8. Full Name of Father,

William C. Warner,

9. Father's Occupation,

Jeweler

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. Ridgway Andre M.D.

Address,

131 E. Balto st

Remarks,

On or before the first day of January next, the Registrar of Health, in the manner and within the period above required, and any such person who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁰²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 18/86

4. Place of Birth, (Street and Number) Lucust Point 74 Baisen St

5. Full Name of Mother, Russia Kroening Rieman

6. Mother's Maiden Name, 114 Rieman Kroening

7. Mother's Birthplace, Germane

8. Full Name of Father, Henri Rieman

9. Father's Occupation, House Painter

10. Father's Birthplace, Germane

Name of Medical Attendant, or other Person who makes this Return.

Margriett Eitel

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18th of June. 1886

4. Place of Birth, (Street and Number)

337 East Orleans Street.

5. Full Name of Mother,

Louisa Draddy.

6. Mother's Maiden Name,

Louisa Krause.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

William Krause.

9. Father's Occupation,

Cutter.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Crescentia Dunkel.

Address,

74 North Chapel St. per Justina Dunkel.

Remarks,

Healthy.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period there required, and any such
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 4-8-50
RETURN OF A BIRTH.

87023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d Oscar Ulman*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *June 18 1886*

4. Place of Birth, (Street and Number) *11 N. Eutaw*

5. Full Name of Mother, *Martha Hoffman*

6. Mother's Maiden Name, *Martha Ehrlich*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Oscar Hoffman*

9. Father's Occupation, *Wine Merchant*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *A. B. Nichols M.D.*

Address,

Remarks,



RETURN OF A BIRTH.

87024

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1
Female
White
June 18th 1886
389 Park Ave
Addie Smith
Addie Bird
Balt. Md
Warrington G. Smith
Merchant
Balt. Md

Dr. J. R. R. R. R.
371 Indiana Place



See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth, to report its birth to the Commissioner of Health, in the manner and form provided in the regulations of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPT

Female

White

JUNE 17 1896 MD

John H. H. H.

61 H. H. H.

Rebecca H. H.

" H. H.

Baltimore

John H. H.

Machineist

Ireland

W. H. H.

143 N. Y. Ave

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June

1906

4. Place of Birth, (Street and Number)

No 22 Thames St.

5. Full Name of Mother,

Mary Lorenz

6. Mother's Maiden Name,

Regner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Markus Lorenz

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Craft

Address,

142 S. Washington St.

Remarks,

Birth of any child and every mother, immediately thereafter it shall become the duty of the person or persons of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of not more than \$100, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *June 19 - 1886*

4. Place of Birth, (Street and Number) *Maternity Hosp.*

5. Full Name of Mother, *Annie Deale*

6. Mother's Maiden Name, *Dr.*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other Person who makes this Return, *Chas. H. Pittsell, M.D.*

Address, *Maternity Hosp.*

Remarks, *—*



RETURN OF A BIRTH.

84025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Twelfth

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 19 1885

4. Place of Birth, (Street and Number)

Millway to House

5. Full Name of Mother,

Agnes Turner

6. Mother's Maiden Name,

Agnes Gardiner

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Wm. Turner

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Emily Peterson M.D.

Address,

134 E. Fayette St. Balto

Remarks,

be in attendance upon the mother, immediately thereafter, in such manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten [10] dollars for each offence to be recovered as other laws and ordinances are recoverable.

report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this requirement, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5, Morris

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19, 1886

4. Place of Birth, (Street and Number) 143 High St

5. Full Name of Mother, Fannie Pollan

6. Mother's Maiden Name, Fannie Semitzky

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Pollan

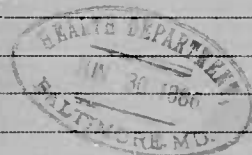
9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E. Scherman

Address, Albemarle St. N. 26.

Remarks,



RETURN OF A BIRTH

87030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12th 1886

4. Place of Birth, (Street and Number)

33 Post Office

5. Full Name of Mother,

Mrs. Mary Lett Jones

6. Mother's Maiden Name,

Margaret Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Jones

9. Father's Occupation,

Lab.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. R. A. Gannon

Address,

No 65 Burke

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and pay each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who fails to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87/031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 19 1886*

4. Place of Birth, (Street and Number) *3 St Howard St.*

5. Full Name of Mother, *Emma Stout*

6. Mother's Maiden Name, *Duphes*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Stout*

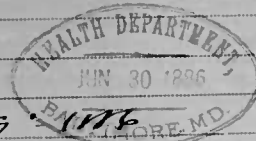
9. Father's Occupation, *Legion Banding (on Steam Boat Ponts)*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *H. L. Spierstedt*

Address, *38 W. Lombard St*

Remarks,



Report for births in the Commissioner of Health, in the manner and within the period above required, and any person who neglects to do so, shall be subject to the fine of \$100.00 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

871132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

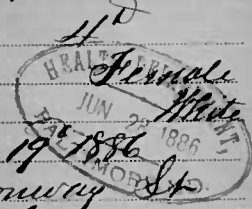
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



June 19th 1886
55 Conway St.
Alice Harrison
Alice Sherbert
Calvert Co. Md
Zedekiah Harrison
Clerk
Calvert Co Md
W B Holt End
50 Harvue Ave

RETURN OF A BIRTH

87032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd



1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th June
4. Place of Birth, (Street and Number) No. 9 Righly St Bltw Md
5. Full Name of Mother, Johanna Ritz
6. Mother's Maiden Name, Werner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Leonard Ritz Jr.
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return, Miss Dange
- Address, 426 Cross St
- Remarks,

To report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Philot*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth,

June 19th 1886

4. Place of Birth, (Street and Number)

241 Lee St.

5. Full Name of Mother,

Emma Wahrenberg

6. Mother's Maiden Name,

" Zimmerman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christopher Wahrenberg

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

R. J. H. Fall, M.D.

Address,

152 Sharp St.

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{1/10 20}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 19, 1886

4. Place of Birth, (Street and Number) 270 Myrtle Avenue

5. Full Name of Mother, Kate L. Pfeffer

6. Mother's Maiden Name, Ring

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James A. Pfeffer

9. Father's Occupation, clerk

10. Father's Birthplace, Balt County

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Marbury Brewer M.D.
85 N. Carroll St.



should no other person be in attendance upon the mother, her physician, if she then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician or midwife, the duty of the parent or parents of such child, to report the birth to the Commissioner of Health, within the time and in the manner prescribed in this section, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

June 19 1886
RETURN OF A BIRTH. 87036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 19

4. Place of Birth, (Street and Number) No. 118 Heath St

5. Full Name of Mother, Emelia Caskey

6. Mother's Maiden Name, Emelia Woolford

7. Mother's Birthplace, Hartinsburg

8. Full Name of Father, Salomon Caskey

9. Father's Occupation, Baiten Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M R Caskey

Address, No 16 Heath St

Remarks, Doing well



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons who shall make the birth return to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{8/103/}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 9*



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 19*

4. Place of Birth, (Street and Number) *Washington Street Federal*

5. Full Name of Mother, *Emma Strick*

6. Mother's Maiden Name, *Emma Frank*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Harry Strick*

9. Father's Occupation, *Contractor*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return, *Mr. Drums*

Address, *No 6 Center St Belair Ave*

Remarks,

RETURN OF A BIRTH

87038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

19th of June

4. Place of Birth, (Street and Number)

18 Eden St.

5. Full Name of Mother,

Mary Foster

6. Mother's Maiden Name,

Wells

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Heinrich Foster

9. Father's Occupation,

Shoe-store

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

72 E. Lombard St.

Remarks,

Be in attendance upon the mother, immediately after her confinement, and report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

May 19th 1886

4. Place of Birth, (Street and Number)...

129 North Carey St

5. Full Name of Mother,

Felicita Jemmes

6. Mother's Maiden Name,

" Bustero

7. Mother's Birthplace,

Sandamingo H. I.

8. Full Name of Father,

Leopold J. Jemmes

9. Father's Occupation,

Pharmacist

10. Father's Birthplace,

Cuba

Name of Medical Attendant, or other Person who makes this return.

E. J. McQueen M.D.

Address,

122 North Carey St.

Remarks,

The mother is a light & Baltimore
Blonde. Can't speak English.

M.D.

RETURN OF A BIRTH

87040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 19 - 1886

4. Place of Birth, (Street and Number) 133 1/2 S. Caroline

5. Full Name of Mother, Mary Haas

6. Mother's Maiden Name, Geis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Haas

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E. Pratt St,

Remarks,



For the use of the Registrar of Vital Statistics, Baltimore City, the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Be its attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 19 1886

4. Place of Birth, (Street and Number)

426 N. Central Ave.

5. Full Name of Mother,

Emma Jones

6. Mother's Maiden Name,

Dorsey

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Alfred Jones

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mary A. McNeill

Address, 206 N. Long St.

Remarks,

Do an all-true report upon the mother, name of child, in the manner and within the period above required and pay such person report the birth to the Registrar of Health, in the manner and within the period above required and pay such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8/0 92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Carl William Seibel

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 19, 1886

4. Place of Birth, (Street and Number) 124 S. Charles St

5. Full Name of Mother, Louise Seibel

6. Mother's Maiden Name, Albert

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Seibel

9. Father's Occupation, Bakery

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

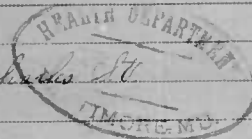
Miss Munk 1

Address,

401 Madison St

Remarks,

GIVEN NAME ADDED. 9-18-52



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

87043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Smith*

1. Sex, (state whether male or female) *♂*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 19 - 1886*

4. Place of Birth, (Street and Number) *200 Hughes St*

5. Full Name of Mother, *Maiden name Mary Elizabeth Cuspline*

6. Mother's Maiden Name, *Full Mary Elizabeth "Richards"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Daniel Richards*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Minch*

Address, *Ladenhall & Monticomey Sts*

Remarks,



RETURN OF A BIRTH

8/044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 19, 1886

4. Place of Birth, (Street and Number) No 280 E. Calumet

5. Full Name of Mother, Elizabeth Mcmully

6. Mother's Maiden Name, Elizabeth Girsch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Mcmully

9. Father's Occupation, Shaver

10. Father's Birthplace, Baltimore?

Name of Medical Attendant, or other Person who makes this Return, Mrs S. Kelly

Address, 1197 Pratt St

Remarks,



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten (\$10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁸⁷⁰⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



169 Sterling St.

Eally Thompson
Virginia

Lucinda A. Woodford
130 Regester St

should no other person be in at request upon the mother, immediately thereafter, it shall their become the duty of the parent or parents or such child to report to the Board of Health, in the manner, and at the time, and to the person or persons who shall be designated by the Board of Health, and any person or persons who shall be designated by the Board of Health, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁷⁰⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Fourth

Male

White

June 19th 1885

638 Pennsylvania av

Mary Henschel

" Wilhide

Mecanicstown Md

William Henschel

Cigar Maker

York Adams co Pa

H. N. Shultz

74 South Exeter st

RETURN OF A BIRTH *89009*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^{the}

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 of June

4. Place of Birth, (Street and Number) 28 Rose St.

5. Full Name of Mother, Mary Wagner

6. Mother's Maiden Name, Leitz

7. Mother's Birthplace,..... *Balto*

8. Full Name of Father, Louis Wagner

9. Father's Occupation,.....*Labels*.....

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this return. Mrs. E. Weiss

Address, 424 Lancaster St.

Remarks,



in no instance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

It is the duty of the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, or who neglects to perform his duty, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

304

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 16th of June 1886

4. Place of Birth, (Street and Number)

No 103 Lemons St

5. Full Name of Mother,

Mrs Mary Thayer

6. Mother's Maiden Name,

Miss Mary Arnold

7. Mother's Birthplace,

Born Baltimore city

8. Full Name of Father,

Mr Mitchell

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1017 west Pratt St

Remarks,

RETURN OF A BIRTH ⁸⁴⁰⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Upton Wilson Schneider

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child.*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

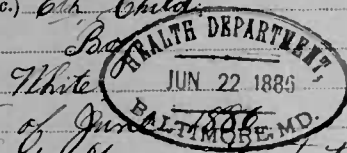
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



White

19th of June

511 East Monument Street.

Mary Vocht.

Mary Schneider.

Baltimore.

Andreas Schneider.

Cigar-maker.

Germany.

Crescentia Kunkel.

71 North Chapel St. per Quatina Kunkel.

Healthy **OWN NAME ADDED** *4-13-53*

h.m.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with this requirement, shall be subject to a fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 87051

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 of June

4. Place of Birth, (Street and Number)

Baltimore City 164 Greenmount av

5. Full Name of Mother,

Maggie Bradley

6. Mother's Maiden Name,

Maggie Driscoll

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew J. Bradley

9. Father's Occupation,

House Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. Wooden 120 Greenmount av

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance, the person attending to the birth shall be liable to the Commissioner of Health in the manner and within the period there required, and any such person or persons who shall be liable: all to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 19 of June

4. Place of Birth, (Street and Number) 120 N. register

5. Full Name of Mother, Rhoda Hollan

6. Mother's Maiden Name, Rhoda Hollan

7. Mother's Birthplace, Somerset County N. H.

8. Full Name of Father, John W. Little

9. Father's Occupation, Minister of gospel

10. Father's Birthplace, Anne Arundel County N. H.

Name of Medical Attendant, or other Person who makes this Return, H. H. Smith

Address, 100 N. E. Ledy

Remarks, _____



Missing 87053

Birth of any child shall never without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, including the board of health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in a case the physician or practitioner shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ^{8/059}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Carrie Ellen Smith

1. Sex, (state whether male or female) Girl Child's name

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 19th of June 1886

4. Place of Birth, (Street and Number) 368 Helaine Alley

5. Full Name of Mother, Rebecca Miller on Hill Street

6. Mother's Maiden Name, Rebecca Parren

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles Smith

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, China Street between Cross and Hill

Remarks.



certificate between the first and third day of each and every month for the purpose of securing a return for the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so negligent or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence in be

RETURN OF A BIRTH ⁸⁷⁰⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First children twins.*

1. Sex, (state whether male or female) *One male and one female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *June the 19th*

4. Place of Birth, (Street and Number) *61 Orleans St.*

5. Full Name of Mother, *Sarah Jones*

6. Mother's Maiden Name, *" Baltimore*

7. Mother's Birthplace, *Queen Anne County Md.*

8. Full Name of Father, *James Jones*

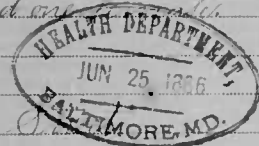
9. Father's Occupation, *Labour*

10. Father's Birthplace, *Queen Anne County Md.*

Name of Medical Attendant or other Person who makes this Return. *Wm W E. Searley*

Address, *91 North E. 6th St.*

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery or through the aid of any other person in the case of a woman, or without the attendance of a physician or practitioner of midwifery or through the aid of any other person in the case of a man, and the mother immediately thereafter shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 87056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*



1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 19, 1886*
4. Place of Birth, (Street and Number) *S. High St. No 133*
5. Full Name of Mother, *Caroline Prinz*
6. Mother's Maiden Name, *Caroline Schmidt*
7. Mother's Birthplace, *Balt^o City*
8. Full Name of Father, *Conrad Prinz*
9. Father's Occupation, *Wagon Dealer*
10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, *Mary E. Müller*
or other Person who makes this return.

Address, *N. Dallas St No 26*

Remarks.

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the certificate is not filed within the time specified, the Registrar shall be liable to a fine of ten dollars for each offense to be assessed by the Commissioner of Health. In case the certificate is not filed within the time specified, the Registrar shall be liable to a fine of ten dollars for each offense to be assessed by the Commissioner of Health. In case the certificate is not filed within the time specified, the Registrar shall be liable to a fine of ten dollars for each offense to be assessed by the Commissioner of Health.

RETURN OF A BIRTH ⁸⁴⁰⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 19

4. Place of Birth, (Street and Number)

Cockeas St No 210

5. Full Name of Mother,

Abbie Butler

6. Mother's Maiden Name,

Abbie Walckhine

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Butler

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Etter

Address,

No 13 Cedar St

Remarks,

Baltimore



parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the month in which the birth occurred, to the Office of the Registrar of Births, in case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, in the manner and within the period required by law, or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 20 - 1886*
4. Place of Birth, (Street and Number) *Maternite Hosp.*
5. Full Name of Mother, *Mary Daley*
6. Mother's Maiden Name, *Mc*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. *Chas. H. Ditchell M.D.*
- Address, *Maternite Hosp.*
- Remarks, _____



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

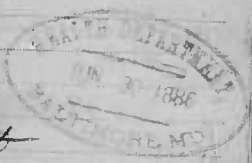
RETURN OF A BIRTH.

871059

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 33
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 20 1886
4. Place of Birth (Street and Number) 64 Hamburg St
5. Full Name of Mother Mary E. C. White
6. Mother's Maiden Name Mary E. Dengil
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamin E. C. White
9. Father's Occupation Laborer
10. Father's Birthplace Dorchester Mass
- Name of Medical Attendant, or other Person who makes this Return. Ann Wash
- Address
- Remarks



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to be in attendance upon the mother, to file a return of the birth of such child in the office of the Commissioner of Health, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 87060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Sarah

1. Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20 1886

4. Place of Birth, (Street and Number) 97 Eden St

5. Full Name of Mother, Clara Semitzky

6. Mother's Maiden Name, Clara Hilard

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Semitzky

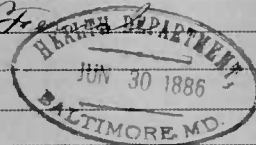
9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return E Scherman

Address, Alhemarle street 26.

Remarks,



certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall become known to the physician or midwife, or should to other person before the first day of the month, the physician or midwife, or other person, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

84061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 20 - 86*

4. Place of Birth, (Street and Number) *311 Hamburg St.*

5. Full Name of Mother, *Mima Lotz*

6. Mother's Maiden Name, *" Nasdeck*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Geo. Lotz*

9. Father's Occupation, *Tavern Keeper*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return, *Mary Kosch*

Address, *328 Jordan Entaw Jr*

Remarks, _____



See Article 10, Section 1, of the Act of the General Assembly, passed at the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no such child in attendance upon the mother, immediately thereafter it shall be the duty of the person attending the mother, or any such person, to report its birth to the Commissioner of Health, within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered in any other date and forfeitures are recoverable.

RETURN OF A BIRTH

87062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20th 1886

4. Place of Birth, (Street and Number)

97 St. Peter st

5. Full Name of Mother,

Sophia Becker

6. Mother's Maiden Name,

" Stoltz

7. Mother's Birthplace,

Wintenberg Prussia

8. Full Name of Father,

H. Becker

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Nesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return

Mary Koroh

Address,

328 South Eutaw st

Remarks,



Parents, if residing and place of birth of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, or any such person, to report the birth to the Commissioner of Health, within the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

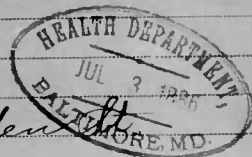
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *June 20th 1886*
4. Place of Birth, (Street and Number) *#69 Camden St*
5. Full Name of Mother, *Louise Seamon*
6. Mother's Maiden Name, *" Maquer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Seamon*
9. Father's Occupation, *Liquor Store*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. Anna Hilgerist
#182 B. Monument St.

Particulars between the first and third day of each and every month to the Office of the Commissioner of Health. In case this birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of neglecting to do so, shall be liable to the fine of five dollars, and any such person or persons who shall be guilty of neglecting to do so, shall be liable to the fine of five dollars, and any such person or persons who shall be guilty of neglecting to do so, shall be liable to the fine of five dollars.

RETURN OF A BIRTH

87 D 65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) African

3. Date of Birth, 6th ms. 20th

4. Place of Birth, (Street and Number) No. 5 Salisbury Alley

5. Full Name of Mother, Emma Brown

6. Mother's Maiden Name, Emma Wilson

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Henry Brown

9. Father's Occupation, Laborer

10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other Person who makes this Return Robert Matthews M.D.

Address, 121 N. Euter St.

Remarks, This child was delivered by a colored midwife the next day I was called in. This child has flat-foot with talipes calcaneus (with)



RETURN OF A BIRTH ⁸⁷⁰⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

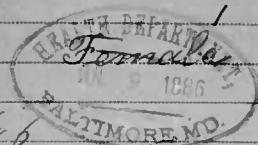
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sumy 20/86

197 S. Bond Street

Emma Roeder

Roseneck

Baltimore

John Roeder

Conductor

Baltimore

Mrs. Louise Kraft,

142 S. Washington St.



Missing 87068-87078

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 87079

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

C. Col

3. Date of Birth,

June 20, 1886

4. Place of Birth, (Street and Number)

Dodd St. No. 7

5. Full Name of Mother,

Sophronia Strong

6. Mother's Maiden Name,

Sophronia Bird

7. Mother's Birthplace,

Kiss & Queen Co Virginia

8. Full Name of Father,

James Strong

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

Balt Md

Name of Medical Attendant, or other Person who makes this Return

H H Smith 102 100 Macdonald St

Address,

Remarks,

the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20 June 1886*
4. Place of Birth, (Street and Number) *58 No 2nd Street*
5. Full Name of Mother, *Mary Plummer*
6. Mother's Maiden Name, *Mary Newman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Plummer*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Bismarck*
Name of Medical Attendant, or other Person who makes this Return, *Mary Kipter*
Address, *674 Broadway St*
Remarks, _____

87080
x. *Heale* No. of Child of Mother, *7*
Age or Color, *White*
Date, *June 22 1886*
Place of Birth, *Baltimore MD*
Full Name of Mother, *Mary Haines*
Mother's Maiden Name, *Mary Benson*
Mother's Birthplace, *Baltimore*
Full Name of Father, *John Francis*
Father's Occupation, *Laborer*
Father's Birthplace, *Baltimore*
Now *Mary Haines*
112 Scott St

RETURN OF A BIRTH 87081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 20 June 1880

4. Place of Birth, (Street and Number) 87 Exandal St

5. Full Name of Mother, Annie Kuchera

6. Mother's Maiden Name, Annie Stepankova

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Kuchera

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Hefner

Address, 671 Washington St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter be appointed by the Board of Health, to attend upon the mother, and to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter be appointed by the Board of Health, shall be subject to the fine of ten dollars for each offense to do so.

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, in the manner and within the period above required, except in the cases of the births of illegitimate children, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH ⁸⁷⁰⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20th 1886

4. Place of Birth, (Street and Number) 624 Leung St.

5. Full Name of Mother, Arnold E Macmillan

6. Mother's Maiden Name, Arnold E Walsh

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles E Macmillan

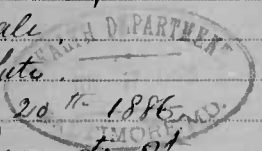
9. Father's Occupation, — Baltimore City

10. Father's Birthplace, — Tenn.

Name of Medical Attendant, or other Person who makes this Return John P. Fleming

Address 134 N Carroll St

Remarks



RETURN OF A BIRTH

87083.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

at the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Jun - 22 - 1886

4. Place of Birth, (Street and Number) 37 Walnut Alley

5. Full Name of Mother, Mary Foster

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Maryland

8. Full Name of Father, Samuel Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Marian Mason

Address, 37 Walnut Alley

Remarks, _____



Birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 87084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *June 20, 1886*
4. Place of Birth, (Street and Number) *Gough St. No 149.*
5. Full Name of Mother *Nade Wallers*
6. Mother's Maiden Name *Nade Melnick*
7. Mother's Birthplace *Balt^{ic} City*
8. Full Name of Father *Isaac Wallers*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Balt^{ic} City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Muller*

Address *N. Dallas St. No 26.*

Remarks.



RETURN OF A BIRTH

87085

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female
Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 21/86

4. Place of Birth, (Street and Number)

162 Vine St.

5. Full Name of Mother,

Mrs. Adelaide Butler

6. Mother's Maiden Name,

" O'Neil

7. Mother's Birthplace,

Essex Co. Va.

8. Full Name of Father,

Saml. E. Butler

9. Father's Occupation,

Porter in Drug Store

10. Father's Birthplace,

Bald.

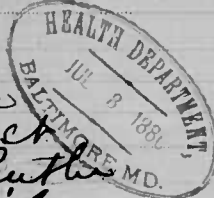
Name of Medical Attendant, or other Person who makes this Return.

T. Chew Worthington

Address,

#373 W. Fayette

Remarks,



87056

birth of any child shall occur without the attendance of a physician or of a midwife or of a nurse, or shall be attended by any person not so licensed, it shall then become the duty of the person so attending the birth, and the physician, midwife, or nurse attending the birth, to report the same to the health officer of the city, and shall otherwise fail to comply with the provisions of this section shall be subject to a fine of not more than \$100.00. Such offenses to be recoverable after five and no more than seven years.

5.

male

white

27 June 1886

22 S Exeter

Charge the Haller

Chrysanthemum Hübn.

Kulmbach Baiern Germania

John Martin Hall

Thaler

Kulmbach Bayern Germania

Anna Schweikart

11596 Lombards St

ST-396 COMPANY

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be present upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Registrar of Vital Statistics, within the period above required, and any person who fails to do so shall be liable to a fine of not less than \$10 nor more than \$50 for each offense to be recovered.

RETURN OF A BIRTH

87087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21

4. Place of Birth, (Street and Number) No 5 Spruce Alley

5. Full Name of Mother, Katie Simsky

6. Mother's Maiden Name, Katie Ruchel

7. Mother's Birthplace, Lynchburg Virginia

8. Full Name of Father, John William Simsky

9. Father's Occupation, Cannemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Wiley

Address, No. 20 Patterson Park Ave.

Remarks,



RETURN OF A BIRTH

87088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 21" 1888*

4. Place of Birth, (Street and Number) *No. 37 Surgeon St.*

5. Full Name of Mother, *Bridget O'Connor*

6. Mother's Maiden Name, *Cherton*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Bernard O'Connor*

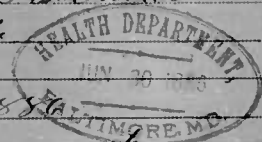
9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Wilgyp*

Address, *No. 30 Patterson Park Ave.*

Remarks,



Birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be present at the birth, the person or persons attending the birth, in the manner and within the time and place prescribed by law, shall be liable to the penalties provided for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

87089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Irene Barber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 21st 1886

4. Place of Birth, (Street and Number)

No 200 E. Annapolis

5. Full Name of Mother,

Mrs. Sophia (Barber)

6. Mother's Maiden Name,

Sophia (Riegel) Riegel

7. Mother's Birthplace,

Kentucky

8. Full Name of Father,

Alexander (Barber) Barber

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Garrett

Address,

No 66 Burke St

Remarks,

Birth of any child shall occur within the jurisdiction of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations of this office, and for each offense to be fined not less than \$10 nor more than \$50, as other laws and ordinances are recoverable.

Birth of any child shall occur within the limits of a year in or previous to the year in which the child is born, and should no other person be in attendance upon the mother, immediately before or after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 21st 1885*

4. Place of Birth, (Street and Number) *111 Baltimore St.*

5. Full Name of Mother, *Mary E. Willis*

6. Mother's Maiden Name, *"A. J. Jones"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm. E. Willis*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Wm. E. Willis*

Address, *146 Maryland St.*

Remarks,



Birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period, also prescribed, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 21st 1896
4. Place of Birth, (Street and Number) #333 Aisquith St.
5. Full Name of Mother, Mary Behnert
6. Mother's Maiden Name, Bachmann
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward Behnert
9. Father's Occupation, Chassis
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. Dena Pellegrini
#1821 O'Monument St.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such, & to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

89092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
White
January 21st
117 1/2 N. Hancock
Margaret Koster
"A. S. Mayday
Baltimore
John Knight
Druggist
Baltimore Co. Md.
Theodore Conrad M.D.
146 Hanover St.
Per [Signature]

Be in attendance upon the mother immediately thereafter, or should no other person be present, the physician or midwife, or other person, shall, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8709.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

21st of July 1886

4. Place of Birth, (Street and Number)

129 W. Greene

5. Full Name of Mother,

Maggie Brunner

6. Mother's Maiden Name,

Maggie Hochmann

7. Mother's Birthplace,

Balden Co. Md.

8. Full Name of Father,

Joseph Brunner Jr.

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Bavaria Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sumner

Address,

20 North Frederick St.

Remarks,



RETURN OF A BIRTH ⁸⁷⁰⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

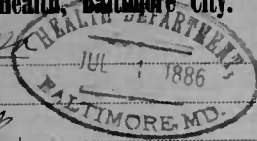
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



See to attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed by law, and the person or persons who fail to do so, or who make a false report, shall be liable to a fine of not more than ten dollars, and the person or persons who fail to do so, or who make a false report, shall be liable to a fine of not more than ten dollars.

RETURN OF A BIRTH 87095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan 21st 1886*

4. Place of Birth, (Street and Number) *168 Eastern Ave*

5. Full Name of Mother, *Mary Whole*

6. Mother's Maiden Name, *Martman*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Eber Whole*

9. Father's Occupation, *Driver wagon*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Lizzy Betz*

Address, *130 Bank St*

Remarks,



It shall be the duty of the person or persons who report a birth to the Registrar of Health, in the City of Baltimore, to fill out this form, and to forward it to the Registrar of Health, in the City of Baltimore, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 21st 1886*

4. Place of Birth, (Street and Number) *300 Madras St*

5. Full Name of Mother, *Annie Dues*

6. Mother's Maiden Name, " " *Dearbeck*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Dues*

9. Father's Occupation, *Saddler*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Lizzie Beck*

Address, *120 Bank St*

Remarks,



the Registrar of Vital Statistics, Baltimore City, shall be liable to the same penalty as is provided for the Registrar of the City of New York, in the case of a failure to report in the manner required by law, and shall be subject to the same fine of \$100 for each offense as is provided for the Registrar of the City of New York, in the case of a failure to report in the manner required by law, and shall be subject to the same fine of \$100 for each offense as is provided for the Registrar of the City of New York, in the case of a failure to report in the manner required by law.

in the absence upon the mother, immediately thereafter, it shall be the duty of the father, or of some other person, to report the birth to the Commissioner of Health, in the manner and within the period above required, and if a person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁰⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 21st 1886

4. Place of Birth, (Street and Number)

209 W Bond St

5. Full Name of Mother,

Annie Christopher

6. Mother's Maiden Name,

Blasch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Henry Christopher

9. Father's Occupation,

Bottle maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return,

Dr. Seldner No. 10

Address,

St. Charles Caroline Lager Ste

Remarks,



For its attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be neglectful to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 51

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 21 1899

4. Place of Birth, (Street and Number) No 112 Fulton St

5. Full Name of Mother, Elizabeth Thorne

6. Mother's Maiden Name, Elizabeth Craton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michel Thorne

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs S Kelly

Address, 1077 Pratt St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87,100}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, June 21st 1886

4. Place of Birth, (Street and Number) Salisbury Alley

5. Full Name of Mother, Emma Brown

6. Mother's Maiden Name, Emma Wilson

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Henry Brown

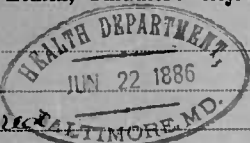
9. Father's Occupation, Carpenter

10. Father's Birthplace, Boston Mass.

Name of Medical Attendant, or other Person who makes this Return. Darkey Tomlin

Address, 134 Chestnut Street

Remarks,



be in attendance upon the mother, immediately thereafter, if he shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period specified in the printed form, and shall be subject to the fine of ten (10) dollars for each offense to be incurred in other laws and ordinances are recoverable.

RETURN OF A BIRTH ^{87/101}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fannie V. Wolf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

21st June 1886

202 1/2

Mary C Wolf
Leitz

Balt.

Geo L. Wolf

Saloon Keeper

Balt.

14 W. Meigs St. W.D.

161 M. Ave.



RETURN OF A BIRTH

87107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, 4th, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



June 21st 1886
146 Pennsylvania Avenue,
May A. Arnold,
May A. Haines,
Baltimore, Md.
Henry J. Arnold,
Office man,
Baltimore, Md.
John R. Hays,
243 Lexington St.

report the birth in the Commissioner of Health, in the manner and to the persons and at the place and within the time specified in this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁴¹⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

June 21, 1886

4. Place of Birth, (Street and Number)

286 Orleans St

5. Full Name of Mother,

6. Mother's Maiden Name,

Mary ~~Smith~~ Watts
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Lucinda C. Hootford

Address,

130 Regester St

Remarks,

RETURN OF A BIRTH

87100

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
June 21st - 1886
4-12-2 Rockton St -
Carr. Balzer
Dresner
Germany
Bernhard Balzer -
Shepherd
Germany
The Charles D. Dyer - Mid. Dyer
15 15 Carlton St. City

Since the duty of the report of persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87 105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



June 25 1887
277 Sch.
Bertha Walter
Ming
Germany
Henry Walter
 Sailor
Germany

J. Schwasser Midwife
330 Hanover St

RETURN OF A BIRTH

87106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The second*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 14 11 ins. la.

4. Place of Birth, (Street and Number)

Number 3 Baltimore Street

5. Full Name of Mother,

Mary Anna Breitenbach

6. Mother's Maiden Name,

Mary Anna Breitenbach

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John Louis Renter

9. Father's Occupation,

Stone Joiner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Spnoth

Address,

69 Pine Street

Remarks,



See my certificate upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, within the provisions of this act (see, &c.) shall be subjected to the fine of ten (10) dollars for each offence to be repeated as often as the provisions are repeatable.

RETURN OF A BIRTH. 87107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth June 22

4. Place of Birth, (Street and Number) No 1. Caroline St

5. Full Name of Mother, Anna Von Holtz

6. Mother's Maiden Name, a Schwarty

7. Mother's Birthplace, Balt.

8. Full Name of Father, Charles Von Holtz

9. Father's Occupation, Stoukuper

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return.

Mrs Gartzke

Address, 55 1/2 Bond St

Remarks, _____

87108

HEALTH DEPARTMENT
JUN 29 1886
BALTIMORE, MD.

Back.

Female

white

June 22^d 86

56 King Street

Gusta Greentery

Gusta Winkelgruen

Austria

Stanis Greenberg

Butter hole worker

Austria

A. Friedewald

88 N. Euter-Lb

any person who, without the attendance of a physician or Practitioner of Health, or without the attendance upon the mother, lambed at, therefor, shall be liable to a fine of not more than \$500, or to imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the Court before which he is tried, if he is found guilty of such offense. Any person who shall have after fall to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in a separate action.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth June 22

4. Place of Birth, (Street and Number) 1864

5. Full Name of Mother, Mary Caroline H

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Balt

8. Full Name of Father, Joseph Distel

9. Father's Occupation, Finer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



It is the duty of the Registrar, immediately upon the birth of a child, to report the same to the Commissioner of Health, in the manner and within the period prescribed, and a person who fails to do so shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

Printed and Sold by the Registrar of Vital Statistics.

It is a misdemeanor when the mother, minor or adult, or father, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not more than \$100, and in default of payment, to imprisonment for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 87110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Six Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 June 1886

4. Place of Birth, (Street and Number)

No 30 Carey St.

5. Full Name of Mother,

Mary Lizzie Telling

6. Mother's Maiden Name,

Mary Moser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ernest Louis Telling

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

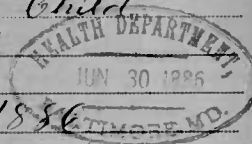
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Wiley

Address,

No. 30 Patterson Park Ave.

Remarks,



RETURN OF A BIRTH 87111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 22, 1886

4. Place of Birth, (Street and Number)

121 S. Howard St.

5. Full Name of Mother,

Mrs. M. Gubb

6. Mother's Maiden Name,

Minnie Glenn

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

George Gubb

9. Father's Occupation,

Huckster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. R. A. Garrett

Address,

65 Burke St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 22^d 1886*
4. Place of Birth, (Street and Number) *Baltimore Md, 1871 Mc Kim St.*
5. Full Name of Mother, *Eliza Ann Hattenberger*
6. Mother's Maiden Name, *" " Saville*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Charles Fredk Hattenberger*
9. Father's Occupation, *Bar Grier*
10. Father's Birthplace, *Baltimore Md*
Name of Medical Attendant, or other Person who make this Return *Mrs. Wooden*
Address, *120 Government Ave*
Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 27 - 1886*

4. Place of Birth, (Street and Number) *Maternity Hosp. St.*

5. Full Name of Mother, *Mary Burton*

6. Mother's Maiden Name, *Dr.*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other Person who makes this Return.

Chas. H. Ditchell M.D.

Address, *Maternity Hosp. St.*

Remarks, *—*



RETURN OF A BIRTH ^{89/110}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22 - 1886

4. Place of Birth, (Street and Number) 61 Barclay St

5. Full Name of Mother, Genevieve Wilden

6. Mother's Maiden Name, Louise

7. Mother's Birthplace, Baer City

8. Full Name of Father, Peter Wilden

9. Father's Occupation, Engine Driver W. M. R. R.

10. Father's Birthplace, Baer City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer M.D.

Address, 88 W. Carroll St.

Remarks,



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time prescribed in this section, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

For persons who shall not comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87/1/2}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4 child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 22nd 1886*

4. Place of Birth, (Street and Number) *113 Bath st*

5. Full Name of Mother, *Catharine Blinater*

6. Mother's Maiden Name, *" " Runnison*

7. Mother's Birthplace, *B. City*

8. Full Name of Father, *George Blinater*

9. Father's Occupation, *Bot house*

10. Father's Birthplace, *B. City*

Name of Medical Attendant, or other Person who makes this Return

Address, *Lic. B. City
120 Bond st*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2 child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 22nd 1886*
4. Place of Birth, (Street and Number) *63 Corline st*
5. Full Name of Mother, *Maryellon Butler*
6. Mother's Maiden Name, *" " Just*
7. Mother's Birthplace, *City*
8. Full Name of Father, *John BT Butler*
9. Father's Occupation, *Driver a wagon*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return, *Levy Peltz*
- Address, *120 Bank st*
- Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷¹¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 22 1886*

4. Place of Birth, (Street and Number) *1000 Corkin St*

5. Full Name of Mother, *Ellen Butler*

6. Mother's Maiden Name, *" " Lerner*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Martin Butler*

9. Father's Occupation, *Letter inspector*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return

Address, *Lizzy Baby 120 Bank St*

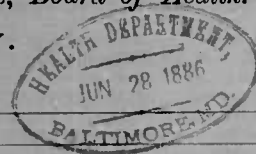
Remarks,



RETURN OF A BIRTH, 87118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *Tuesday June 22d 1886.*
4. Place of Birth, (Street and Number) *No 350 Hollins St*
5. Full Name of Mother *Lettie Moncker.*
6. Mother's Maiden Name *Lettie Roedel.*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Henry Moncker*
9. Father's Occupation *Digar Mfg.*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Father-in-Law*
- Address *No 57 Santaloe St*
- Remarks

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

84119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

ninth female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

June 22 1886

4. Place of Birth, (Street and Number)

No 4 Beach alley

5. Full Name of Mother,

Jane Johnson

6. Mother's Maiden Name,

Jane Kaye

7. Mother's Birthplace,

Eastern Shore Va

8. Full Name of Father,

John Johnson

9. Father's Occupation,

Welder

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return.

Caroline Jordan

Address,

No 3 State street

Remarks,

RETURN OF A BIRTH. 87120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *22 of June*

4. Place of Birth, (Street and Number) *153 Warner St*

5. Full Name of Mother, *Emma Chase*

6. Mother's Maiden Name, *Emma Thomas*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Samuel Chase*

9. Father's Occupation, *Undertaker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Willis Grose*

Address, *181 York St*

Remarks,



or persons who shall herein fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁴¹²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 22 1886

4. Place of Birth, (Street and Number) 361 Bond street

5. Full Name of Mother, Ann Louise Harris

6. Mother's Maiden Name, Ann Louise Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Harris

9. Father's Occupation, Mariner

10. Father's Birthplace, Waretown Baltimore county

Name of Medical Attendant, or other Person who makes this Return, Mary corner

Address, 171 Patterson Park Avenue

Remarks, _____



RETURN OF A BIRTH ⁸⁷¹²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 22/86

4. Place of Birth, (Street and Number)

358 Light St

5. Full Name of Mother,

Betty Gans

6. Mother's Maiden Name,

Bass

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Samuel Gans.

9. Father's Occupation,

Shoe Merchant.

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

Edward P. McDevitt

Address,

Dr. Aspinwall St

Remarks,



RETURN OF A BIRTH. 87/23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Other*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth

June 29th 1886

4. Place of Birth, (Street and Number)

100 Light St.

5. Full Name of Mother,

Caroline Silberman

6. Mother's Maiden Name,

Buckner

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Moses Aaron Silberman

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Europe

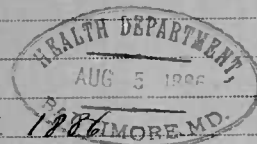
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Lucille Bernstein

Address,

49 S. E. 1st St.

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87124

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22, 1886

4. Place of Birth, (Street and Number) 83 York St.

5. Full Name of Mother, Bridget-Lamar

6. Mother's Maiden Name, Gallagher

7. Mother's Birthplace, Ireland

8. Full Name of Father, George Lamar

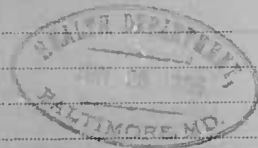
9. Father's Occupation, Van waffer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough

Address, 220 Montgomery St.

Remarks,



RETURN OF A BIRTH ⁸⁷¹²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, June 22nd 1886

Place of Birth, (Street and Number) No 52 N. Eden St

Full Name of Mother, Lillie Boll

Mother's Maiden Name, " Mc Cordle

Mother's Birthplace, Balto Md

Full Name of Father, Elmer Boll

Father's Occupation, Cooper

Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Wiley

Address, 48 Holladay St

Remarks,

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷¹²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 22^d, 1886*
4. Place of Birth, (Street and Number) *No. 96 North Poppleton St.*
5. Full Name of Mother, *Mrs. Elizabeth Schroeder*
6. Mother's Maiden Name, *Miss Elizabeth Schmidt*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Mr. Christian Rudolph Schroeder*
9. Father's Occupation, *Florist*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. C. Laidman, M.D.*
- Address, *No. 102 North Broadway*
- Remarks,



Persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of not less than \$10 nor more than \$50 for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

87127

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

third
female
Callood
11 P. M. June 22/86
King St No 4.
Mary Wesley
Mary Porter
Baltimore City
Charles Wesley
Oyster Shucker
Baltimore City
Mrs Miller White
Harmus Court No 11

be in attendance upon the mother, immediately thereafter if she shall become the duty of the person or persons of such child to report the same to the Office of Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 June 1886

4. Place of Birth, (Street and Number) Patterson Park ave

5. Full Name of Mother, Kate Burns

6. Mother's Maiden Name, Kate Hanckett

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Patrick Burns

9. Father's Occupation, Grocer

10. Father's Birthplace, Dublin Ireland

Name of Medical Attendant, or other Person who make this Return, Mary Cofitich

Address, 674 Washington st

Remarks,

RETURN OF A BIRTH. ⁸⁴¹²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth June 22, 1886

4. Place of Birth, (Street and Number) 53 Milliman St. Balto. Md.

5. Full Name of Mother, Susanna Bauer

6. Mother's Maiden Name, Kuller

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Ernest Bauer

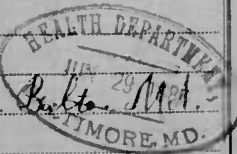
9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Caroline Miller

Address, #5 Walker St. Balto. Md.

Remarks, _____



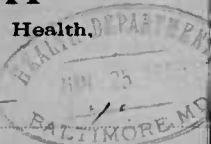
Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the sum of ten (10) dollars for each offence to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

87130

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 22 1886

4. Place of Birth, (Street and Number)

24 Pinkney Place

5. Full Name of Mother,

Mary Anderson

6. Mother's Maiden Name,

Mary Peet

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Robert Anderson

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

W. A. Watson M.D.

Address,

4114 Barclay St.

Remarks,

RETURN OF A BIRTH. ⁸⁷¹³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

June 22 1876

4. Place of Birth, (Street and Number)

187 N. Caroline St.

5. Full Name of Mother,

Mrs. Mary Jane Guthrie

6. Mother's Maiden Name,

Miss " " Brewster

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Joseph H. Guthrie

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

G. C. Duckworth

Address,

395 E. Pratt St.

Remarks,

Natural delivery



Be the attendance upon the mother, immediately thereafter (if she becomes the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the time prescribed by law, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to be born to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{84/132}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

9 or 10
Male - female

White

N. Bm H. 213

June 22

L. J. Poerner

Kemester

Germania

Jacob Poerner

Ballon Keeper

Germania

Josephine (Conrad)

20 Barnes



Any person who shall become the duty of the person or parents of such child, to be in attendance upon the mother, or child, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

87133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

15th

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 22nd 1886

4. Place of Birth, (Street and Number)

286 Franklin St.

5. Full Name of Mother,

Mary Doyle

6. Mother's Maiden Name,

Mary Hogan

7. Mother's Birthplace,

White Hall, Baltimore.

8. Full Name of Father,

Bernard J. Doyle

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Irish

Name of Medical Attendant, or other Person who makes this Return.

A. H. Capton, M.D.

Address,

524 3rd Lexington St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, within the time specified in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87/34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

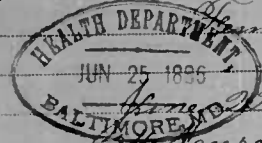
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)



3. Date of Birth,

June 22 - 1886

4. Place of Birth, (Street and Number)

347 Henryetta St

5. Full Name of Mother,

Maria Beddie

6. Mother's Maiden Name,

Mc Call

7. Mother's Birthplace,

America

8. Full Name of Father,

William Beddie

9. Father's Occupation,

Black-smith

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser Midwife

Address,

350 Hanover St.

Remarks,

RETURN OF A BIRTH.

87135

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *22. of June*
 4. Place of Birth (Street and Number) *202 N. Bond St.*
 5. Full Name of Mother *Caterina Hladky*
 6. Mother's Maiden Name *Cat. Bralec*
 7. Mother's Birthplace *Bohemia*
 8. Full Name of Father *Judvik Hladky*
 9. Father's Occupation *Shoemaker*
 10. Father's Birthplace *Bohemia*
 Name of Medical Attendant, or other Person who makes this Return. *Caterina Pazoucek*
 Address *41. Abbott St.*
 Remarks *Born Live*



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

person or parent of such child to report its birth to the Commissioner of Health, in the manner and form provided by the Board of Health, and to file a copy of this return with the particulars of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷¹³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mary Brodwing

J. H. Brodwing

Pharmacist

Baltimore

Wm. H. Linn

No 173 Lombard St

June 24

1886

in any case when the mother, father, or other person, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 23

4. Place of Birth, (Street and Number) 180 N. Bond St

5. Full Name of Mother, Caroline Ludloff

6. Mother's Maiden Name, Kistner

7. Mother's Birthplace, Balt.

8. Full Name of Father, Jacob Ludloff

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 55 N. Bond St

Remarks,



RETURN OF A BIRTH. 87138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Female*

1. Sex, (state whether male or female) *5*

2. Race or Color, (if not of the white race)

3. Date of Birth *June 23*

4. Place of Birth, (Street and Number) *No 16 Pleasant Alley*

5. Full Name of Mother, *Mary Fitzner*

6. Mother's Maiden Name, *" Schauer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Johas Fitzner*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germ.*

Name of Medical Attendant, or other Person who makes this Return.

Address, *53 E Bond St*

Remarks,



Be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health. In the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

In attendance with a witness, subject of foregoing a card become the duty of the person or persons of such, and to
return this card to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall otherwise fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 23rd 1886*

4. Place of Birth, (Street and Number) *Baltimore 171st Maryland St*

5. Full Name of Mother, *Johanna Hentchen*

6. Mother's Maiden Name, *Johanna Gernsey*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Hentchen*

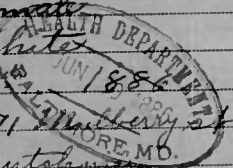
9. Father's Occupation, *Bookkeeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Max Hunter*

Address, *21 N. Poppleton St*

Remarks,



RETURN OF A BIRTH 87140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 23 1886

4. Place of Birth, (Street and Number) 1 Chestnut Alley

5. Full Name of Mother, Lottie Henkelman

6. Mother's Maiden Name, Lottie Wimmer

7. Mother's Birthplace, Balto Ind

8. Full Name of Father, Matthew Henkelman

9. Father's Occupation, Driver

10. Father's Birthplace, Balto Ind

Name of Medical Attendant, Dr. A. Resenbeck

or other Person who makes this Return.

Address, 123 Mosher St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87/41}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 23 1886*
4. Place of Birth, (Street and Number) *29 Stockton St*
5. Full Name of Mother, *Mary Kelly*
6. Mother's Maiden Name, *Mary McCartney*
7. Mother's Birthplace, *Balto. Md*
8. Full Name of Father, *Fredrick Kelly*
9. Father's Occupation, *machinist*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Wm C. Mesenzers*
- Address, *123 Mosher St.*
- Remarks,



Be at a magistrate upon the mother, name of the child, sex, race or color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this return, address, and remarks, and report his birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offense to be recovered at other times and forfeitures are recoverable.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That any person who shall neglect to file a true and correct copy of the birth record of any child born in the United States, or who shall neglect to file a true and correct copy of the death record of any person who shall die in the United States, shall be liable to a fine of not more than ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁹¹⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number) *Baltimore City 452 Cross St*

5. Full Name of Mother, *Sophia Metzger*

6. Mother's Maiden Name, *Sophia Schultze*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Samuel Metzger* ✓

9. Father's Occupation, *Booker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Wm. M. Shaffer*

Address, *135 Ridgely St*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any parent or parents who shall neglect or refuse to do so, shall be liable to a fine of not more than \$100, which shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89/143}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



J. E. MORENO
N. E. Madison & Bond St.

Martha Jordan Hendrix
Jordan
Baltimore

Joshua Hendrix

Tobacconist

Baltimore

W. B. Billingsley

128 E. Fayette

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 2 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 23rd*

4. Place of Birth, (Street and Number) *172 Fayette st*

5. Full Name of Mother, *Mary Mary*

6. Mother's Maiden Name, *" " Smith*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Mary*

9. Father's Occupation, *Grocery store*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Lizzy Betz*

Address, *120 Park st*

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2 child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 23rd 1886*
4. Place of Birth, (Street and Number) *208 Bond st*
5. Full Name of Mother, *Sofa Nitsoct*
6. Mother's Maiden Name, *" " Schriener*
7. Mother's Birthplace, *city*
8. Full Name of Father, *George Nitsoct*
9. Father's Occupation, *Pol house*
10. Father's Birthplace, *city*
- Name of Medical Attendant, or other Person who makes this Return, *Lizzy Betty*
- Address, *120 Bank st*
- Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, within the time specified in the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be registered as other flows and forfeitures are recoverable.

RETURN OF A BIRTH 87146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *June 28 1886*

4. Place of Birth, (Street and Number) *13 Hains Street*

5. Full Name of Mother, *Lurcaser Banks*

6. Mother's Maiden Name, *Lurcaser White*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Preston White*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Lillian Morgan*

Address, *21647 N P Wham St*

Remarks,



For the purpose of this section, the term "parent" shall include any person who is the parent, guardian, or custodian of a child, and the term "child" shall include any person who is under the age of 18 years. The term "parent" shall also include any person who is the parent, guardian, or custodian of a child who is under the age of 18 years and who is the parent, guardian, or custodian of a child who is under the age of 18 years.

Board of Health, Baltimore City
-Baltimore June 25th 1886.

32

Male

White

Balt. June 23rd 1888

1915-1916

Sarah D. Zimmer

Wm. L. Winter

7. 11. 1881

Amelia
C. O.

John Jones

Laborer.

or other Person who
makes this return

Medical Attendant, makes this return. 127 Smith - W. H. St.

1000



RETURN OF A BIRTH. 87148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth June 23 1896

4. Place of Birth, (Street and Number) Easton to. 170

5. Full Name of Mother, Jane Shikaret

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Italy

8. Full Name of Father, John Shikaret

9. Father's Occupation, Labourer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lucille Bernstein

Address, 49 J. Exeter St.

Remarks, _____



Report in this form to the Registrar of Births, in the manner and within the time specified, shall be subjected to the fine of ten (10) dollars for each offence, and shall be recovered as other fines and forfeitures are recoverable.

87149

HEALTH DEPARTMENT
JUL 5 1886
BALTIMORE, MD

2

male

) —

June 23th 1886

Baltimore City 140 Green St

Maggie Heidman

Maggie Okeill

Baltimore City

Charles Heidman

Salvador

Baltimore, City

Miss M. Shaffer

135- Bridgely St

Remarks,

14. CITY FIRMS AND STATIONERS

RETURN OF A BIRTH ⁸⁷¹⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Anna May*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this return.

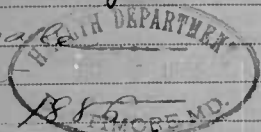
Address,

Remarks,

CITY NAME ADDED

3-27-52

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH ⁸⁷¹⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 23 1886

4. Place of Birth, (Street and Number) Monroe St 3 door from Wilkins

5. Full Name of Mother, Josephine Carter

6. Mother's Maiden Name, " " Green

7. Mother's Birthplace, New York City

8. Full Name of Father, William S. Carter

9. Father's Occupation, Miller

10. Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this Return Annie Lindner

Address, No 45 S. Monroe St.

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁷¹⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 25/87*

4. Place of Birth, (Street and Number) *120 E. Madison St*

5. Full Name of Mother, *Mary Frances*

6. Mother's Maiden Name, *Burkman*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *John Francis*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Harry A. McCall*

Address, *286 W. Lenox St*

Remarks,



RETURN OF A BIRTH 87153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 3rd

1. Sex, (state whether male or female) - Male

2. Race or Color, (if not of the white race)

3. Date of Birth, - June 8, 1887

4. Place of Birth, (Street and Number) - 117 26 Central Ave

5. Full Name of Mother, - Annie

6. Mother's Maiden Name, - Stone

7. Mother's Birthplace, - Maryland

8. Full Name of Father, - George M. Gorman

9. Father's Occupation, - Cigar-maker

10. Father's Birthplace, - Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. - Mary A. McNeill

Address, - 256 N. Long St

Remarks,

of persons who shall be recovered as other and affidavits are recoverable.
for each offense to be recovered as other and affidavits are recoverable.

or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷¹⁵⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 23, 1886

4. Place of Birth, (Street and Number)

13 Chestnut St

5. Full Name of Mother,

6. Mother's Maiden Name,

Mary Frazier
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Lucinda Woodford

Address,

13.0 Regester

Remarks,



RETURN OF A BIRTH ^{87/55}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 23/86

4. Place of Birth, (Street and Number) 139 Scott St.

5. Full Name of Mother, Annio E. Minick

6. Mother's Maiden Name, " Poulton

7. Mother's Birthplace, City

8. Full Name of Father, Wm B. K. Minick

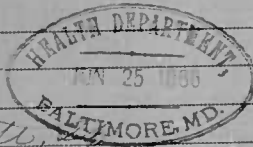
9. Father's Occupation, City

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Wm B. K. Minick M.D.

Address, (set next) 158 S. Paca St.

Remarks, This birth was registered to relieve the mother who was suffering with Puerperal Cholera



for each office to be received as other files and returns are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 23

4. Place of Birth, (Street and Number) harm street No. 10

5. Full Name of Mother, Mary Williams

6. Mother's Maiden Name, Mary Matter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Williams

9. Father's Occupation, Day labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Annia Dunton, Bethel Street 199

Remarks,

For each instance to be recovered as other data and figures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 28th 1886

4. Place of Birth, (Street and Number) 291 N. Bond St

5. Full Name of Mother, Mary Bonwith

6. Mother's Maiden Name, Lefevre

7. Mother's Birthplace, Balto Ind

8. Full Name of Father, Geo. W. Bonwith

9. Father's Occupation, Clerk

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return, Mr. B. Billingsley

Address, 228 E. Pratt St

Remarks, _____



GIVEN NAME ADDED 7-25-55

RETURN OF A BIRTH

87158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lydia S. Smith
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 23rd 1886*

4. Place of Birth, (Street and Number) *1017 South Baltimore St.*

5. Full Name of Mother, *Mrs. Mary A. Smith*

6. Mother's Maiden Name, *Miss Mary A. Ann Long*

7. Mother's Birthplace, *Baltimore, Maryland*

8. Full Name of Father, *Wm. Samuel Veigle Smith*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return, *Wm. C. Henderson M.D.*

Address, *1017 North Broadway*

Remarks,



For each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁴¹⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24 1886

4. Place of Birth, (Street and Number) Hubert St 100

5. Full Name of Mother, Mary King

6. Mother's Maiden Name, Mary Pace

7. Mother's Birthplace, Virginia

8. Full Name of Father, R. H. King

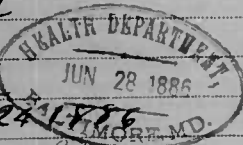
9. Father's Occupation, Waklman

10. Father's Birthplace, Virginia

11. Name of Medical Attendant, or other Person who makes this Return, Mrs. E. L. L.

Address, No 13 Cuba St

Remarks,



RETURN OF A BIRTH 89160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st, female

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24, 1886

4. Place of Birth, (Street and Number) 31 Exeter St

5. Full Name of Mother, Sarah Talpis

6. Mother's Maiden Name, Sarah Kahn

7. Mother's Birthplace, Russia

8. Full Name of Father, Arion Talpis

9. Father's Occupation, Bedder

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E. Scherman

Address, St. Thomas St. at 25.

Remarks, _____



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷¹⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24th 1886

4. Place of Birth, (Street and Number) 518 N. Charles St.

5. Full Name of Mother, Catharine M. Schott

6. Mother's Maiden Name, " Schott

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christian M. Schott

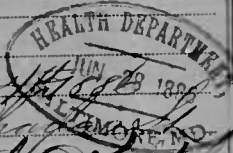
9. Father's Occupation, Supplier of School

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Frederic C. Schott

Address, 116 N. Main St.

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

NAME ADDED 7-5-88 **RETURN OF A BIRTH**

87162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mary A. Silbergham*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24th June, 1886*

4. Place of Birth, (Street and Number) *Poppleton No. 1*

5. Full Name of Mother, *Mary Ann M. Silbergham*

6. Mother's Maiden Name, *Mary Ann M. Hibsey*

7. Mother's Birthplace, *Baltimore M D*

8. Full Name of Father, *Charles W. Silbergham*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore M D*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Bange*

Address, *426 Cross St*

Remarks,



For each offense to be recorded as either fine and imprisonment are recoverable.

RETURN OF A BIRTH

87163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

24th June 1886

4. Place of Birth, (Street and Number)

19 Kiddle Alley

5. Full Name of Mother,

Louise Woody

6. Mother's Maiden Name,

Louise Cook

7. Mother's Birthplace,

Sandy Springs Howard Co Md

8. Full Name of Father,

James Woody

9. Father's Occupation,

Coal Carrier

10. Father's Birthplace,

Penn

Name of Medical Attendant, or other Person who makes this Return.

Arthur Holman

Address,

38 So. Monument Street

Remarks,

for each offense to be recovered as other acts and for returns are recoverable.

RETURN OF A BIRTH ⁸⁷¹⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offence to be recovered as other fees and for births are recd. of m.

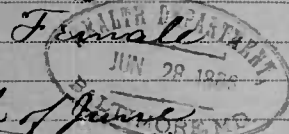
RETURN OF A BIRTH ⁸⁷¹⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race).

3. Date of Birth,

24th of June
9th Front St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Astoradine

6. Mother's Maiden Name,

Lukasse

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Andromina Astoradine

9. Father's Occupation,

Mail-merchant

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard St.

Remarks,

For each offense, to be returned as other forms and instructions are recoverable.

RETURN OF A BIRTH.

87166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth

June 24th 1886

4. Place of Birth, (Street and Number) 18 Granby St

5. Full Name of Mother,

Sheffere Brown

6. Mother's Maiden Name,

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Moses Brown

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return.

Mrs Cecile Bernstein

Address,

49. S. Euterus

Remarks,



or persons who shall hereafter be employed in the provision of the provisions are recoverable, for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87/67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 24, 1877

4. Place of Birth, (Street and Number) 145 North Church St.

5. Full Name of Mother, Florence Yeager

6. Mother's Maiden Name, Florence Hamilton

7. Mother's Birthplace, Annapolis

8. Full Name of Father, Samuel Yeager

9. Father's Occupation, Car-maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary L. Swayne

Address, 39 Luzerne St.

Remarks,



for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24 1886

4. Place of Birth, (Street and Number) #70. Leadenhall St.

5. Full Name of Mother, Maggie Braun

6. Mother's Maiden Name, Maggie Hublinan

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry Braun

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Chr. Minich

Address, #1. Leadenhall St - Balto Md

Remarks,

for each child to be returned as other than and for others are recovered.

RETURN OF A BIRTH ⁸⁷¹⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 24

4. Place of Birth, (Street and Number) Thorn street no 11

5. Full Name of Mother, Lizia Colbert

6. Mother's Maiden Name, Lizia Tate

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Colbert

9. Father's Occupation, Day labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Anniea Dunton

Address, 199 Belhel street

Remarks,



for each office to be recovered in other files and for future use are recoverable.

RETURN OF A BIRTH

84170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25th

4. Place of Birth, (Street and Number)

354 E. Monument

5. Full Name of Mother,

Emma Kate Higart

6. Mother's Maiden Name,

Emma Kate Flaherty

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry May Higart

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary Walters

Address,

No. 125 N. Caroline Str.

Remarks,



which child to
report
(10) Dollars

RETURN OF A BIRTH ^{87/71}

Report of Registrar of Vital Statistics, Board of Health, Baltimore City.

(off Hoffman St.) was
born a white female
child - illegitimate -
the particulars were
not obtainable
by me at the
birth. Dr. Garwood
120 N. Greene St.

87/71



Wm. Carter

911

report
of Registrar
for each

RETURN OF A BIRTH 84172

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

June 25th 86
No 2 Pinkney Place Cor of Barclay st
Annie Margaret Bechtel
Annie Margaret Holmes
Baltimore Md
James Giffen Bechtel
Gold and Silver Plater (Electro)
Philadelphia Penna

Mr Woodson

120 Greenmount ave

RETURN OF A BIRTH ⁸⁷¹⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 June 1886

4. Place of Birth, (Street and Number) No 3 Burk st.

5. Full Name of Mother, Erstine Cotton

6. Mother's Maiden Name, Erstine Mary

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Cotton

9. Father's Occupation, Car Heater

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Wiley

Address, No. 30 Patterson Park Ave.

Remarks,



report in birth to the Commissioner of Health, in the manner and form provided in this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report any birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or person who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the laws of this State, and any person who shall fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *June 25th 1896*

4. Place of Birth, (Street and Number) *#2714 Front St.*

5. Full Name of Mother, *Sallie Thomas*

6. Mother's Maiden Name, *Thomas*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Joseph Stuch*

9. Father's Occupation, *Stone-Cutter*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Anna Hillegert*

Address, *#1920 Monument St.*

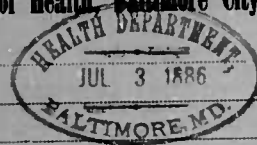
Remarks,



RETURN OF A BIRTH ⁸⁷¹⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 June

4. Place of Birth, (Street and Number) 371 Cross St Baltimore City

5. Full Name of Mother, Mary B. Quinn

6. Mother's Maiden Name, Mary B. Quinn

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, James B. Quinn

9. Father's Occupation, Chapman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. 466 Bangle

Address, 426 Cross St

Remarks, _____

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

87' 77

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25th 1886

4. Place of Birth, (Street and Number) 4 Ostend St.

5. Full Name of Mother, Sophy Slavter

6. Mother's Maiden Name, Schickel

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm P. Slavter

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Wm Gornikel M.D.

170 S. Sharp St.

RETURN OF A BIRTH 89178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25th of June

4. Place of Birth, (Street and Number) Lexington St. 359

5. Full Name of Mother, Minna Prior

6. Mother's Maiden Name, Minna Meyer

7. Mother's Birthplace, Bremen, Germany

8. Full Name of Father, Bernhard Prior

9. Father's Occupation, Baker

10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. L. M. L.

Address, 60 North Schurdecker St.

Remarks,



RETURN OF A BIRTH.

84179

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *June 25th 1886*
4. Place of Birth (Street and Number) *43 Edward St.*
5. Full Name of Mother *Elizabeth Annie Distance*
6. Mother's Maiden Name *Brooks*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Samuel Randolph Distance*
9. Father's Occupation *Coachman*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Francis N. Sauer M.D.*
- Address *105 W. Central Ave.*
- Remarks

name of the mother of such child or children.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Caucasoid

3. Date of Birth, June 25-04

4. Place of Birth, (Street and Number) 55 - 07 - 1st St Baltimore

5. Full Name of Mother, Martha Wilson

6. Mother's Maiden Name, Standy

7. Mother's Birthplace, Canton Shore Md

8. Full Name of Father, John D Wilson

9. Father's Occupation, Waiter

10. Father's Birthplace, Canton Shore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyron street

Remarks,



Apply the person whose name is written in the space provided for the signature of the declarant, and of the person or persons who make this return, to a list of ten dollars for each failure to comply with the provisions of this section shall be subject to a fine of ten dollars for each failure, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH^{84/81}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Color full*

3. Date of Birth. *Born on the 25 day of June*

4. Place of Birth, (Street and Number) *Place of Birth Baltimore Md*

5. Full Name of Mother. *Routhy Gordon*

6. Mother's Maiden Name. *Routhy Cobline*

7. Mother's Birthplace. *Birth Place Richmond, Va.*

8. Full Name of Father. *John W. Gordon*

9. Father's Occupation. *waiter*

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Size cornish*

Address. *80 Harmony Lane*

Remarks.



RETURN OF A BIRTH ^{87/182}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 25th of June

4. Place of Birth, (Street and Number) 5 Watson St.

5. Full Name of Mother, Kate M^c Cullough

6. Mother's Maiden Name, M^c Donnell

7. Mother's Birthplace, Ireland

8. Full Name of Father, Samuel M^c Cullough

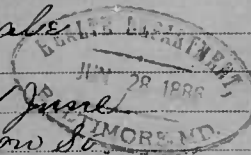
9. Father's Occupation, Tavern-keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 70 E. Lombard St.

Remarks, _____



Report the birth to the Commissioner of Health, in the manner and within the period above required, and on a such return as
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Philip Wilhelm

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 25

4. Place of Birth, (Street and Number)

451 W. Balto St

5. Full Name of Mother,

Mary Wiley

6. Mother's Maiden Name,

Zimmerman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Fredrick Wiley

9. Father's Occupation,

Watch maker & Jeweler

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Mrs Schlegel

Address,

244 Columbia Ave

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25th 1896

4. Place of Birth, (Street and Number)

No. 182 Orleans

5. Full Name of Mother,

Mrs. Catharine Cramer

6. Mother's Maiden Name,

Miss Catharine Schoenhals

7. Mother's Birthplace,

Baltimore, Maryland

8. Full Name of Father,

Mr. John Cramer

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. C. Cline

Address,

No 102 North Broadway

Remarks,

This child lived about ten (10) minutes after being born. Subscribed Certificate to the Health office this morning



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷¹⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *Jan. 25 1886*
4. Place of Birth, (Street and Number) *gilmore st BALTIMORE MD.*
5. Full Name of Mother, *Allace Bond*
6. Mother's Maiden Name, *Allace Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Bond*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mr. S. Kelly*
- Address, *177 Pratt st*
- Remarks,

report its birth in the Consolidator of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 2^d

4. Place of Birth, (Street and Number) gonow street n^o 77

5. Full Name of Mother, Mary E. Worth

6. Mother's Maiden Name, Mary E. Adamson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Worth

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mr. S. Kelly

Address, n^o 777 Pratt st

Remarks, _____



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 286 W. Long St

Remarks,



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87/88}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25 1888
4. Place of Birth, (Street and Number) Pratt St. No. 111
5. Full Name of Mother, Eligie Shannahan
6. Mother's Maiden Name, Eligie Little Gledhill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John T. Shannahan
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mr. J. Kelly
- Address, No 111 Pratt St
- Remarks,

RETURN OF A BIRTH ⁸⁴¹⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

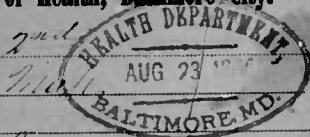
Remarks,

to be made by the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 84190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Frederick Ritter
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

June 25th 1886

24th St. Sharps

Anna Ritter

" Hart

" South Sharp St

Wm. Ritter

Clark

East Pratt St

Mrs. Josine

25th Sharp St

GIVEN NAME ADDED.

9-16-54

Persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
White
June 25
Baltimore, Md.
Frankie Bartos
Bohemian
Joseph Bartos
Tailor
Bohemian

Josephine Conner
20 Barnes St.

report the facts to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not more than \$100, and any such person who is convicted of such offense shall be subject to the fine often (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 William S. Scherman

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 26, 1886

4. Place of Birth, (Street and Number) 286 S. Charles

5. Full Name of Mother, Mary Klein

6. Mother's Maiden Name, Mary Klein

7. Mother's Birthplace, Russia

8. Full Name of Father, David Klein

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E. Scherman

Address, Albemarle st. no 26.

Remarks,



RETURN OF A BIRTH ^{8/19/93}

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 26 1886 168 Bolton

4. Place of Birth, (Street and Number) 168 Bolton alley

5. Full Name of Mother, Mary Taylor

6. Mother's Maiden Name, Mary Read

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Robert Taylor

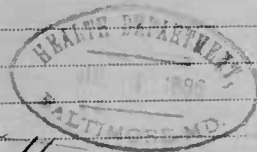
9. Father's Occupation, Laborer

10. ☒ Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return Marion Mason

Address, 37 Walnut alley

Remarks,



RETURN OF A BIRTH.

87194

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex: (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who
makes this Return.

Address

Remarks

Male

Colored

4th 1886

Jan 26 1886

38 Jefferson
Carmella Watkins

Balto City

John Watkins
Salesman

Balto City

101 N Broadway



RETURN OF A BIRTH 89 195

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 26 to 1886*

4. Place of Birth, (Street and Number) *78 Beune St*

5. Full Name of Mother, *Annie McAllister*

6. Mother's Maiden Name, *Annie Schenermann*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm H. McAllister*

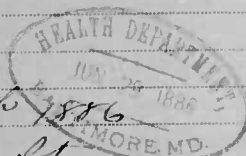
9. Father's Occupation, *Tobacco Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Amanda Taylor Norris M.D.*

Address, *93 Harlem Avenue*

Remarks, _____



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 26th 1896

4. Place of Birth, (Street and Number) 78 Hillen St.

5. Full Name of Mother, Mary Alice

6. Mother's Maiden Name, Pegfarth

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, George Alice

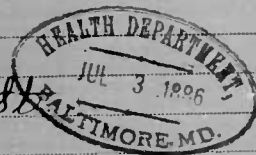
9. Father's Occupation, Glazier

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. J. Bens / Killegast
1728 Monument St.

be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person who neglects to do so shall be liable to a fine of ten dollars, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

only of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of twins, and with the exception of this return shall be subject to a fine of ten dollars for each offense to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH^{89/97}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 26: 1886

4. Place of Birth, (Street and Number) 57 Laurel St

5. Full Name of Mother, Josephine May Norton

6. Mother's Maiden Name, Ward

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Sumner Norton

9. Father's Occupation, Lawyer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return D. B. Williams

Address, 201 Madison Ave

Remarks,



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ^{8/19/98}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25 - 1886

4. Place of Birth, (Street and Number)

533 N. Gilman St.

5. Full Name of Mother,

Roberta O. Pippins

6. Mother's Maiden Name,

Hammill

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Ed. Pippins

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Manbury Brewer M.D.

Address,

68 McCulloch St.

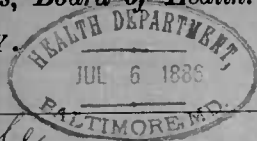
Remarks,



RETURN OF A BIRTH, 57199

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth

26 of June

4. Place of Birth, (Street and Number)

116 Falls St

5. Full Name of Mother

Rachel Gaford

6. Mother's Maiden Name

Ann Gaford

7. Mother's Birthplace

Anne Arundel county

8. Full Name of Father

George W Gaford

9. Father's Occupation

Lumber Yard

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Maria Hallas

Address

100 McElderry

Remarks

Mother and the child is doing well.
Living on Union Street near Eden

name of the mother of such child or children.

RETURN OF A BIRTH

87200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

428 Lexington

5. Full Name of Mother,

Annie Margaret Fischer

6. Mother's Maiden Name,

Annie Margaret Smith

7. Mother's Birthplace,

Batte. Ind.

8. Full Name of Father,

Mrs. Fischer

9. Father's Occupation,

Merchant Tailor

10. Father's Birthplace,

Batte. Ind.

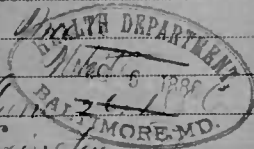
Name of Medical Attendant, or other Person who makes this Return

Mrs. Alexander

Address,

60 North Chesapeake St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



June 26th

314 E. Prater St

Mary C. Gambel

Mesgilly

Balti

George S. Gambel

Clerk

Balti Md

M. B. Billingsley

228 E. Prater

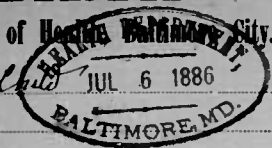
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 26, 1886*

4. Place of Birth, (Street and Number) *N. Wolfe St. No 42.*

5. Full Name of Mother, *Josephine Lutz*

6. Mother's Maiden Name, *Josephine Schroeder*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Adam Lutz*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes the Return, *Mary E. Muller*

Address, *N. Dallas St. No 26.*

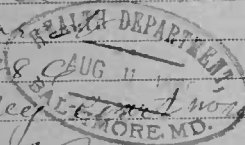
Remarks,

report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 87203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Six child*
1. Sex, (state whether male or female) *female child*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth *26 June 1888*
4. Place of Birth, (Street and Number) *Parris Haller*
5. Full Name of Mother, *Leah Jones*
6. Mother's Maiden Name, *Cattensville Md*
7. Mother's Birthplace, *Jones Jones*
8. Full Name of Father, *Truck Driver*
9. Father's Occupation, *Robert Co Md*
10. Father's Birthplace, *Mary C Jones*
- Name of Medical Attendant, or other Person who makes this Return. *674 Stratford St*
- Address, *Remarks,*



RETURN OF A BIRTH. ⁸⁷²⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *White*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race)

3. Date of Birth

26 June 1886

4. Place of Birth, (Street and Number)

10 25 Chestnut Lane

5. Full Name of Mother,

Mary Emma Engelborch

6. Mother's Maiden Name,

" " Sheehan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Engelborch

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Catherine Schubert

Address,

404 39 N Pratt street

Remarks,



Report in birth to the Commissioner of the State, in the manner and to the effect herein provided, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

87205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 26.*

4. Place of Birth, (Street and Number) *No 90. Wana St.*

5. Full Name of Mother, *Louisa W. Schmidt*

6. Mother's Maiden Name, *Louisa W. Engel*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George Schmidt*

9. Father's Occupation, *Harness Maker*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return. *Miss Munn.*

Address, *No 1 Sadlerhall*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 26 of Jan

4. Place of Birth, (Street and Number) 6 Rose St

5. Full Name of Mother, Babara Ruppel

6. Mother's Maiden Name, Beer

7. Mother's Birthplace, Balto

8. Full Name of Father, Kuhn Ruppel

9. Father's Occupation, Labeln

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this return. Mrs E. Weiss

Address, 424 Lancaster St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 26

4. Place of Birth, (Street and Number) Home Street No. 13

5. Full Name of Mother, Henrietta Hall

6. Mother's Maiden Name, Henrietta Human

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Hall

9. Father's Occupation, Day labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Anna Dunton no. 99 Leibel St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each address to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, June 27th 1886

4. Place of Birth, (Street and Number) No 27 May St

5. Full Name of Mother, Rosa Leichter

6. Mother's Maiden Name, " Dukrooshan

7. Mother's Birthplace, Austria

8. Full Name of Father, Louis Hertenberg

9. Father's Occupation, Sailor

10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return, Wm. K. Wells

Address, 48 Hollander St

Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

over **RETURN OF A BIRTH** 87209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Name: William Yerby

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 27th

4. Place of Birth, (Street and Number)

98 P. Euter

5. Full Name of Mother,

Mary Yerby

6. Mother's Maiden Name,

Mary Duffy

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Robert James Yerby

9. Father's Occupation,

Steward

10. Father's Birthplace,

Williamsburg Va

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Clifer

Address,

24 Columbia Ave

Remarks,

RETURN OF A BIRTH ⁸⁷²¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

June 27th 1856

4. Place of Birth, (Street and Number)

5 Lombard street

5. Full Name of Mother

Fanny Hopkins

6. Mother's Maiden Name

7. Mother's Birthplace

Frederick Md

8. Full Name of Father

Elisha Hopkins

9. Father's Occupation

Labourer

10. Father's Birthplace

Frederick Md

Name of Medical Attendant, or other Person who makes this Return

Hester Motenise

Address

39 Lombard street

Remarks

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-18-34

RETURN OF A BIRTH. 87211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Witz, Jr. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th State 4

1. Sex, (state whether male or female) 4 Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 24th 1886

4. Place of Birth, (Street and Number) 150 N. Belknap St.

5. Full Name of Mother, Anna Witz

6. Mother's Maiden Name, " Kirshbaum

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Witz

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address, 55th Bond St.

Remarks,



RETURN OF A BIRTH. 87212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 27th

4. Place of Birth, (Street and Number) 170 S. Caroline St.

5. Full Name of Mother, Coonigunda Rudel

6. Mother's Maiden Name, Gebhardt

7. Mother's Birthplace, Germany

8. Full Name of Father, John Gebhardt

9. Father's Occupation, Saloonkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address, 55 S. Bond St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87213

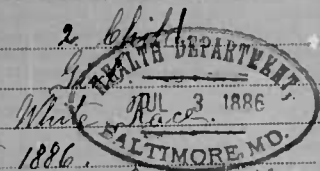
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)



3. Date of Birth,

June 27th 1886

4. Place of Birth, (Street and Number)

1408 Gilman Str

5. Full Name of Mother,

Emma Albrecht

6. Mother's Maiden Name,

Emma Lotz

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Frank Lotz

9. Father's Occupation,

Sale Man

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1017 West Pratt Str.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

87214

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 17 1922
Baltimore, MD.

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 27 1884
4. Place of Birth, (Street and Number) 1812 3 Hampshire St.
5. Full Name of Mother Miss S. Thelma Hall Jackson
6. Mother's Maiden Name Miss Lattil Hall
7. Mother's Birthplace a a country Ind
8. Full Name of Father Re. J. Jackson
9. Father's Occupation captain of training ship
10. Father's Birthplace St. Marys Ind
11. Name of Medical Attendant, or other Person who makes this return. Mrs. Carpenter
- Address 901 1/2 E. 11th St. K. Ind.
- Remarks Healthy and robust

RETURN OF A BIRTH ⁸⁷²¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 27. 1886

4. Place of Birth, (Street and Number) Balto. York St

5. Full Name of Mother, Clara Sampson

6. Mother's Maiden Name, Clara Gaskins

7. Mother's Birthplace, accomack county, Va

8. Full Name of Father, Frank Sampson

9. Father's Occupation, labor

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Willie Goss

Address, 181 York St

Remarks,



RETURN OF A BIRTH 87216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 27th 1886

4. Place of Birth, (Street and Number)

30 W. 1st St.

5. Full Name of Mother,

Elizabeth Loribon

6. Mother's Maiden Name,

Elizabeth Loribon

7. Mother's Birthplace,

Ducks

8. Full Name of Father,

Wm. Loribon

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Ducks

Name of Medical Attendant,

or other Person who makes this Return.

J. M. Woodland

Address,

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 27 1886

4. Place of Birth, (Street and Number)

202 St Paul

5. Full Name of Mother,

Mary D Krieskell

6. Mother's Maiden Name,

Mary Durringer

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

J. Murrene Krieskell

9. Father's Occupation,

U S official

10. Father's Birthplace,

Washington

Name of Medical Attendant, or other Person who makes this Return

C. B. Hamblet M D

Address,

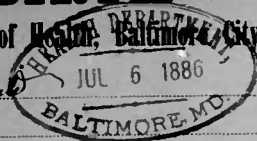
59 Cathedral

Remarks,

RETURN OF A BIRTH ⁸⁷²¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child



Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, July the 27. 1886.

4. Place of Birth, (Street and Number) Banks St. No 253

5. Full Name of Mother, Mary Ward

6. Mother's Maiden Name, Mary Alder

7. Mother's Birthplace, County Galz. V. Gr. Pruss. Europa.

8. Full Name of Father, James Ward

9. Father's Occupation, Laborer

10. Father's Birthplace, County Galz. Gr. Pruss. Europa

Name of Medical Attendant, _____ or other Person who makes this Return.

Address, _____

Remarks, _____

RETURN OF A BIRTH 87219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) 8 ^{for child}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 27, 1886

4. Place of Birth, (Street and Number) Orleans St. No 161

5. Full Name of Mother, Sarah Tross

6. Mother's Maiden Name, Sarah McDevitt

7. Mother's Birthplace, Balt^d City

8. Full Name of Father, Thomas Tross

9. Father's Occupation, Car Keeper

10. Father's Birthplace, Balt^d County

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

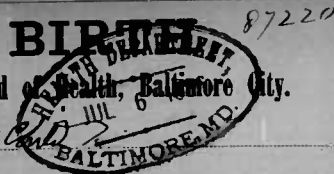
Address, N. Dallas St. No 26

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*



1. Sex, (state whether male ~~or~~ female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 24, 1906*

4. Place of Birth, (Street and Number) *S. Ewer St. No. 100*

5. Full Name of Mother, *Susanna Curran*

6. Mother's Maiden Name, *Susanna Burns*

7. Mother's Birthplace, *Bald City*

8. Full Name of Father, *James Curran*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bald City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St. No. 226*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 27th 1886

4. Place of Birth, (Street and Number)

274 Battery Ave

5. Full Name of Mother,

Rose Anne McGrath

6. Mother's Maiden Name,

Goury

7. Mother's Birthplace,

Md

8. Full Name of Father,

James Edward McGrath

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Canada

Name of Medical Attendant, or other Person who makes this Return.

Robert S. Lowey M.D.

Address,

333 Light St

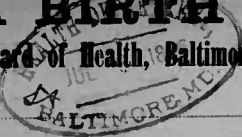
Remarks,

For each offense to be recovered as other laws and for details are recoverable.

RETURN OF A BIRTH

87222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 27th 1886

4. Place of Birth, (Street and Number)

150 Columbus ave

5. Full Name of Mother,

Barrie Remert

6. Mother's Maiden Name,

Barrie Abbott

7. Mother's Birthplace,

Balto ind

8. Full Name of Father,

John Remert

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto ind

Name of Medical Attendant, or other Person who makes this Return.

Mrs A Muesel

Address,

123 Mosher St

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *77 June*

4. Place of Birth, (Street and Number) *362 Canton Ave*

5. Full Name of Mother, *Augusta Mills*

6. Mother's Maiden Name, *Kremer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Julius Mills*

9. Father's Occupation, *Milk Dairy*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return, *Mrs E. Weiss*

Address, *424 Lancaster St*

Remarks,



of persons who shall be guilty of any of the offenses herein provided for shall be liable to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

of persons at no cost. Registrar will comply with the provisions of this section, as well as subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

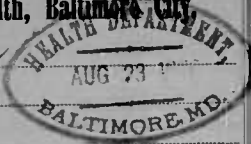
RETURN OF A BIRTH.

87224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

W

3. Date of Birth

June 27, 1886

4. Place of Birth, (Street and Number)

317 Mc Howard St

5. Full Name of Mother,

Mary Morgan

6. Mother's Maiden Name,

Mary Jackson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Morgan

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. H. Patterson M.D.

Address,

19 Franklin St

Remarks,

RETURN OF A BIRTH ⁸⁷²²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27

4. Place of Birth, (Street and Number) N. Tullham 320

5. Full Name of Mother, Marie Rybak

6. Mother's Maiden Name, Charvat

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Rybak

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Josephine Cona

Address, 20 Barnes

Remarks,



For use in cases to be recovered as other fees and for future are recovered.

RETURN OF A BIRTH ⁸⁷²²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 27*

4. Place of Birth, (Street and Number) *E. Egan #91*

5. Full Name of Mother, *Anne Chan*

6. Mother's Maiden Name, *Vipra*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Anto Chan*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this return, *Josephine Conrad*

Address, *20 Barnes St*

Remarks, *...*

For each offense to be recovered as other fees and penalties are recoverable.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁴²²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st *Selen Stewart*

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth. June 27th 1886

Place of Birth, (Street and Number) 149 A Carrollton Ct.

Full Name of Mother, Bertha H. Stewart

Mother's Maiden Name, Bertha H. Holt

Mother's Birthplace, Pennsylvania

Full Name of Father, George B. Stewart

Father's Occupation, Penns. Clerk

Father's Birthplace, Balti. Co. Md.

Name of Medical Attendant, or other Person who makes this Return Joshua Pennington M.D.

Address, 134 A Carrollton Ct.

Remarks, GIVEN NAME ADDED. 9-16-52



RETURN OF A BIRTH.

87238

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 10
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race) African
 3. Date of Birth June 28th
 4. Place of Birth (Street and Number) Wayne Street 52
 5. Full Name of Mother Mary Traves
 6. Mother's Maiden Name Mary King
 7. Mother's Birthplace Calvert County
 8. Full Name of Father John Traves
 9. Father's Occupation Labor
 Father's Birthplace Calvert County
 Name of Medical Attendant, or other Person who makes this Return. Julia A. Johnson
 Address 35 Wayne Street
 Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 87229

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 28, 1886

4. Place of Birth, (Street and Number) 178 N. Arlington Ave.

5. Full Name of Mother Clara Barr-

6. Mother's Maiden Name Watts

7. Mother's Birthplace Cumberland Md

8. Full Name of Father Louis A. Barr

9. Father's Occupation Commission Merchant

10. Father's Birthplace Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return. A. W. Watts M.D.

Address 24 W. Lombard St

Remarks

RETURN OF A BIRTH ^{872 30}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 28 - 1886

4. Place of Birth, (Street and Number)

Maternite Hospital

5. Full Name of Mother,

Maggie Conolly

6. Mother's Maiden Name,

Dr.

7. Mother's Birthplace,

Balti.

8. Full Name of Father,

—

9. Father's Occupation,

10. Father's Birthplace,

Chas. H. Fritchett M.D.

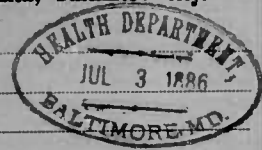
Name of Medical Attendant,

or other Person who makes this Return.

Address,

Maternite Hospital

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁷²³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *Coker*
- Date of Birth, *June 20 1886*
- Place of Birth, (Street and Number) *Alameda St 414*
- Full Name of Mother, *Mary Ann Bor*
- Mother's Maiden Name, *Mary Ann Kasper*
- Mother's Birthplace, *Baltimore MD*
- Full Name of Father, *William William Kasper*
- Father's Occupation, *Kasper*
- Father's Birthplace, *Baltimore MD*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. James Wilson*
- Address, *253 Franklin St*
- Remarks,



Section this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

April 28 - 1886

4. Place of Birth. (Street and Number)

2837 Eastern Avenue

5. Full Name of Mother,

Lena Earnst

6. Mother's Maiden Name,

Kemp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Earnst

9. Father's Occupation,

Labore

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah T. Harrington

Address,

2838 Canton Avenue

Remarks,



RETURN OF A BIRTH 87233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Jan 28th 1886

4. Place of Birth, (Street and Number) 89 Chesapeake St

5. Full Name of Mother, Charlotte Mitchell

6. Mother's Maiden Name, Charlotte Jenkins

7. Mother's Birthplace, Eastern Maryland

8. Full Name of Father, Charles Mitchell

9. Father's Occupation, Laborman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, D. A. Jones & Son

Address, 107 3/4 Chesapeake St

Remarks,

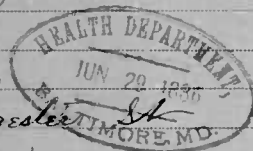


for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 87234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First 21st*
Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *May 28th 1886*
4. Place of Birth, (Street and Number) *# 99 S. Regester St*
5. Full Name of Mother, *Anna LeBrow*
6. Mother's Maiden Name, *Schamagel [Schamagel]*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joe A LeBrow*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *A. E. Dooks M.D.*
Address, *241 E. Baltimore St*
Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the same as if they had failed to do so.

RETURN OF A BIRTH

87235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 9 1885

4. Place of Birth, (Street and Number)

486 N. Mount St.

5. Full Name of Mother,

Lusan Rebecca Sellman

6. Mother's Maiden Name,

Lusan Rebecca Norris

7. Mother's Birthplace,

Harford Co. Md

8. Full Name of Father,

Benj. Franklin Sellman

9. Father's Occupation,

B. O. Express Messenger

10. Father's Birthplace,

Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return

Amanda Taylor Norris Md

Address,

73 Harlem Avenue,

Remarks.

RETURN OF A BIRTH. 87236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth 28th of June

4. Place of Birth, (Street and Number) 235 Gough St

5. Full Name of Mother, Clara Fitches

6. Mother's Maiden Name, " Sebach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Sebach

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address, 55 Bond St

Remarks,

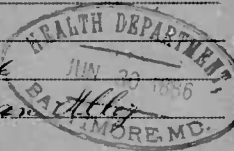


or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth Child*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 28th 1886*
4. Place of Birth, (Street and Number) *No. 129 1/2 Duncan Alley*
5. Full Name of Mother, *Annie Pfeiffer*
6. Mother's Maiden Name, *Annie Weigand*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Weigand*
9. Father's Occupation, *Can Carrier*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Wiley*
- Address, *No. 30 Patterson Park Ave.*
- Remarks,



for each offense to be recovered as other laws and regulations are recoverable, shall be subjected to the fine of \$10 (10) dollars

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{872 3'8}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 2 5th 1886

4. Place of Birth, (Street and Number)

229 Edmund St

5. Full Name of Mother,

Mary M. Lown

6. Mother's Maiden Name,

Mary M. Lorruth

7. Mother's Birthplace,

Waukegan, Ill.

8. Full Name of Father,

F. M. Lown

9. Father's Occupation,

Insurance Agent

10. Father's Birthplace,

Waukegan, Ill.

Name of Medical Attendant, or other Person who makes this Return.

D. J. Shinn M.D.

Address,

411 E. Maryland St.

Remarks,

RETURN OF A BIRTH

87239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, June 28th / 86

Place of Birth, (Street and Number) 712 S. Charles

Full Name of Mother, Manda Rau

Mother's Maiden Name, Brown

Mother's Birthplace, Md.

Full Name of Father, Conrad J. Rau

Father's Occupation, Carpenter

Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return, Robert S. Lowe, M.D.

Address, 333 Light St

Remarks,



for each offense to be recovered as other laws and for returns are recoverable.

RETURN OF A BIRTH

87240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 28 1886

4. Place of Birth, (Street and Number) 227 Lee St

5. Full Name of Mother, Carrie Stevens

6. Mother's Maiden Name, Carrie Baker

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Stevens

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore Md

11. Name of Medical Attendant, or other Person who makes this Return, Wm C. Messenger

Address, 123 Crocker St

Remarks,



For each address to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 28

4. Place of Birth, (Street and Number) 11 Dallas St.

5. Full Name of Mother, Amalia Wilhelm

6. Mother's Maiden Name, Wicks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John F. Wilhelm

9. Father's Occupation, Machinist

10. Father's Birthplace, Westminster Md

11. Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 191 E Pratt St.

Remarks,

For each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

87242

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9.

1. Sex (state whether Male or Female)

boy

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

June 28 1896

4. Place of Birth (Street and Number)

No. 1 E. Alley

5. Full Name of Mother

Martha Watkins

6. Mother's Maiden Name

Martha Hughes

7. Mother's Birthplace

Baltimore, M.D.

8. Full Name of Father

Robert Watkins

9. Father's Occupation

Sailor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Jones

Address

No 4 Wayne street

Remarks



of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH ⁸⁷⁵⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 28

4. Place of Birth, (Street and Number) 284 Franklin St

5. Full Name of Mother, Jimmie Hall

6. Mother's Maiden Name, Jimmie Woodson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Baggett Hall

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 W Pappellton St

Remarks,



of persons who shall receive a copy of this return of the birth of a child, and for others who are recoverable.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1.3rd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 28th 12 35 A.M. 1886*
4. Place of Birth, (Street and Number) *Patuxent & Eden*
5. Full Name of Mother, *Lelia G. King*
6. Mother's Maiden Name, *L. G. Fostell*
7. Mother's Birthplace, *Bald. Co.*
8. Full Name of Father, *John John King*
9. Father's Occupation, *Grocery & Liquor Store*
10. Father's Birthplace, *Delaware*
- Name of Medical Attendant, or other Person who makes this Return, *James E. Linnell M.D.*
- Address, *299 E. Baltimore St.*
- Remarks,



RETURN OF A BIRTH 87245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



154 Tyson Street

Louise B Davis

Carroll

Stoward County Md

Charles S Davis

Waiter

Carroll County Md

Annie Johnson

94 Tyson Street

for each offense to be recovered as other facts and for returns are recoverable.

RETURN OF A BIRTH 87246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 28th 1886*

4. Place of Birth, (Street and Number) *153 Elmyer st*

5. Full Name of Mother, *Caroline Friend*

6. Mother's Maiden Name, " *Latex*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Philip Friend*

9. Father's Occupation, *Latex*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return. *Lizzy Betz*

Address, *120 Bank st*

Remarks,

for each offense to be recovered as other laws and for returns are recoverable.

RETURN OF A BIRTH ⁸⁷²⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2^d)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 28, 1886

4. Place of Birth, (Street and Number)

No. 216 South Holliday Street

5. Full Name of Mother,

Mrs. Rebecca M. Shaffer

6. Mother's Maiden Name,

Miss R. M. Nixon

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. John M. Shaffer

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. D. C. Glendinen, M.D.

Address,

No. 102 North Broadway

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period there required, and pay such person or persons who shall hereafter all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.



RETURN OF A BIRTH

87248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

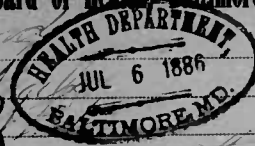
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Of persons who shall hereafter be required to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June the 28. 1886.*

4. Place of Birth, (Street and Number) *E. Eden St., No. 109,*

5. Full Name of Mother, *Louise Pelt*

6. Mother's Maiden Name, *Louise Ballvic*

7. Mother's Birthplace, *Preulzen, K. Prussen, Germany*

8. Full Name of Father, *Edward Pelt*

9. Father's Occupation, *Provision Shop*

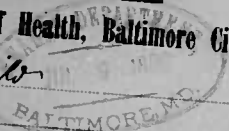
10. Father's Birthplace, *Preulzen, K. Prussen, Germany*

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

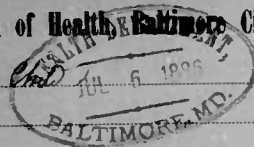
of persons who have received this certificate, with the provisions of this section, will be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 87250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28, 1906

4. Place of Birth, (Street and Number) Eastern Av. No 106,

5. Full Name of Mother, Wilhelmine Schlimm

6. Mother's Maiden Name, Wilhelmine Beck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Schlimm

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

RETURN OF A BIRTH 87251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 28. 1886

4. Place of Birth, (Street and Number) N. Friedrich St. No. 25

5. Full Name of Mother Louise Bruens

6. Mother's Maiden Name, Louise Stollweicht

7. Mother's Birthplace, Bald^o City

8. Full Name of Father, Henry Bruens

9. Father's Occupation, Laborer

10. Father's Birthplace, Bald^o City

11. Name of Medical Attendant, or other Person who makes this Return. _____

Address, _____

Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this section, shall be deemed to be guilty of a misdemeanor, and for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁷²⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan 28th 1886*

4. Place of Birth, (Street and Number) *987 Penn St*

5. Full Name of Mother, *Emma Warner*

6. Mother's Maiden Name, *Leonard*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *W. Frank Warner*

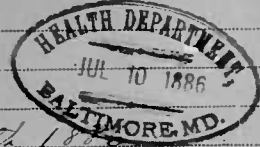
9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Balt Md*

Name of Medical Attendant, or other Person who makes this Return, *W. B. Billingsley*

Address, *228 E. Preston St*

Remarks, *"*



Report the birth in the transmitting of this return, the Registrar of Vital Statistics, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 7th 1897
4. Place of Birth, (Street and Number) 42 North St
5. Full Name of Mother, Mary E. Shuman
6. Mother's Maiden Name, Mary E. Williams
7. Mother's Birthplace, Sinksburg, Carroll Co., Md.
8. Full Name of Father, John S. Shuman
9. Father's Occupation, laborer
10. Father's Birthplace, Sinksburg, Carroll Co., Md.
- Name of Medical Attendant, or other Person who makes this Return. Mr. S. H. May
- Address, 1177 Pratt St
- Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁵⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28th of July*

4. Place of Birth, (Street and Number) *20 Fountain St*

5. Full Name of Mother, *Mary Lang*

6. Mother's Maiden Name, *Baum*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *John Lang*

9. Father's Occupation, *Labeler*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. E Weiss*

Address, *424 Lancaster St*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 45

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 28th

4. Place of Birth, (Street and Number) Ward St No 26

5. Full Name of Mother, Clara Cristh

6. Mother's Maiden Name, * Clara Heil

7. Mother's Birthplace, Germany

8. Full Name of Father, Luis Cristh

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, Dr. B. B. B. or other Person who makes this Return.

Address, 412 Cross St

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

87256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 28th

4. Place of Birth, (Street and Number) 399 Franklin St

5. Full Name of Mother, Mrs. Sarah P. German

6. Mother's Maiden Name, " " Mattingley

7. Mother's Birthplace, Md

8. Full Name of Father, Grover B. German

9. Father's Occupation, Plasterer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. H F Hill M.D.

Address, 23 Edmondson Ave

Remarks,



reporter shall be liable to the Commissioner of Health, for the full amount of the fine or ten (10) dollars or percentage as he shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29 of June*

4. Place of Birth, (Street and Number) *434 Alice Anna St*

5. Full Name of Mother, *Elise Exhardt*

6. Mother's Maiden Name, *Juchter*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *Georg Juchter*

9. Father's Occupation, *Salesm*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return, *Mrs G. Weiss*

Address, *424 Lancaster St.*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who make this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *29 June 1886*

4. Place of Birth, (Street and Number) *18 Wine St.*

5. Full Name of Mother, *Anne Catherine Rost.*

6. Mother's Maiden Name, *A. C. Ruhl*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Fred John Rost*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return *Mrs W. W. Mannel Midwife*

Address, *No 8 Pearl St.*

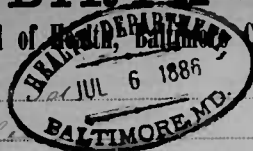
Remarks,

of person making this return to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29th

4. Place of Birth, (Street and Number)

13 N. Ann St.

5. Full Name of Mother,

Ida May Lusk

6. Mother's Maiden Name,

Morgan

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

James Duff Lusk

9. Father's Occupation,

Clerk

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

E. T. Jones M.D.

Address,

345 E. Balto. St.

Remarks,

RETURN OF A BIRTH ⁸⁷²⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Children: 9*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 29th*
4. Place of Birth, (Street and Number) *West St 181*
5. Full Name of Mother, *Alverta Foster*
6. Mother's Maiden Name, *Alverta Randall*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Foster*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Wink*
- Address, *No. 1 Seadenhall St.*
- Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

American

3. Date of Birth,

29th June 1886

4. Place of Birth, (Street and Number)

Baltimore Md Stockholm St No 12

5. Full Name of Mother,

Leathen Young

6. Mother's Maiden Name,

— Weber

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Christian Young

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Midwife Mrs Weisbach

Address,

1st Leadenhall St

Remarks,

for each offense to be recovered as other fine and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female
Baltimore DEPARTMENT
JUL 30 1887

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

#180 Scott St

5. Full Name of Mother,

Amelia Gimpel
Ebert

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

H. Wm Gimpel
Piano Maker

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address,

Hanover St

Remarks,

RETURN OF A BIRTH 87264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29th of June 1886

4. Place of Birth, (Street and Number) 129 High St.

5. Full Name of Mother, Louisa Hinterniss

6. Mother's Maiden Name, Fischer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hinterniss

9. Father's Occupation, Foreman

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard St.

Remarks,

For each offense to be recovered as other fees and for Births are recoverable.

RETURN OF A BIRTH

57265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29th 1886

4. Place of Birth, (Street and Number)

128 Marshall Ave

5. Full Name of Mother,

Margaret Elizabeth Creager

6. Mother's Maiden Name,

Walker

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Jefferson Davis Creager

9. Father's Occupation,

Processor

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other Person who makes this Return

Robert F. Lowe, M. D.

Address,

333 Light St.

Remarks,



For each offense to be recorded as other lines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10. Ward Child
 Sex, (state whether male or female) Female ~~Male~~
 Race or Color, (if not of the white race) white
 Date of Birth, 29 June 1886
 Place of Birth, (Street and Number) 1 Wagner St
 Full Name of Mother, Barbara Neuberg Ruemer
 Mother's Maiden Name, Neuberg
 Mother's Birthplace, Beyern
 Full Name of Father, Theodor Ruemer
 Father's Occupation, Mucker
 Father's Birthplace, Forrnover
 Name of Medical Attendant, or other Person who makes this Return. Susan Shuster
 Address, 21 N Poppelton St
 Remarks,



for each offense to be recovered as other fines and for figures are recoverable.

RETURN OF A BIRTH

87267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th of June

4. Place of Birth, (Street and Number)

81 Harrison

5. Full Name of Mother,

Josephine Buckmeier

6. Mother's Maiden Name,

Caschoff

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius Buckmeier

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard St.

Remarks,

for each offense in be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 29 1886

4. Place of Birth, (Street and Number)

157 Fayette St

5. Full Name of Mother,

Josephine Weikerman

6. Mother's Maiden Name,

Denges

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Weikerman

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. A. Mesinger

Address,

123 Mosher St

Remarks,

HEALTH DEPARTMENT
JUL 5 1886

BALTIMORE, MD

for each office to be recovered as other files and certificates are recoverable.

RETURN OF A BIRTH ⁸⁷²⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{Balto June 29 1886} 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto June 29 1886

4. Place of Birth, (Street and Number) 16 N. Castle St

5. Full Name of Mother, Lizzie Hirstetter

6. Mother's Maiden Name, Lizzie Reges

7. Mother's Birthplace, America

8. Full Name of Father, Lawrence Hirstetter

9. Father's Occupation, Tailor

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend

Address, 137 South Wolfe St

Remarks, CS



the each of these to be recovered as other lines and fullfills are recoverable.

RETURN OF A BIRTH ⁸⁷²⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, June 27 1886

Place of Birth, (Street and Number) 200 Madison Ave

Full Name of Mother, Mary Joseph Hulse

Mother's Maiden Name, Sleet

Mother's Birthplace, Balto. City

Full Name of Father, Jas H. Hulse

Father's Occupation, Dyer

Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. M. Provison M.D.

Address, 506 Mad. Ave.

Remarks, _____

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or who makes a false report, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁷²⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 June

4. Place of Birth, (Street and Number) 211 N. Bond St

5. Full Name of Mother, Annie Timmer

6. Mother's Maiden Name, " Withers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Harrison

9. Father's Occupation, Freeholder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary J. Totten

Address, 211 N. Bond St

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 29 1884

4. Place of Birth, (Street and Number)

38 Hunter St

5. Full Name of Mother,

Mrs Hickson

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Va.

8. Full Name of Father,

John Hickson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Md Baltimore

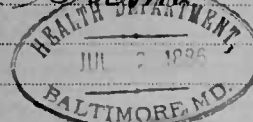
Name of Medical Attendant, or other Person who makes this Return,

A. L. Gage M.D.

Address,

361 N Bway

Remarks,



or person, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, and the mother and father of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87 1/2 7.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth June the 8th

4. Place of Birth, (Street and Number) 104 Sargent

5. Full Name of Mother, Mary Louisa Bruff

6. Mother's Maiden Name, Mary Louisa Larier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Henry Bruff

9. Father's Occupation, Carver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. Sebach or other Person who makes this Return.

Address, 438 West Pratt St

Remarks, all right



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

87274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 30 - 86

4. Place of Birth, (Street and Number)

Maternite 1415

5. Full Name of Mother,

Bella Storm

6. Mother's Maiden Name,

Dr.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

A. H. Fritsch M. D.

Address,

Maternite 1415

Remarks,



RETURN OF A BIRTH.

GIVEN NAME ALEX.

2-26-59

872 75

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ALEXANDER MURDOCH NORRIS

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 3, 1885

4. Place of Birth (Street and Number) 107 Chase St.

5. Full Name of Mother Mary Davis Norris

6. Mother's Maiden Name Mary Davis Murdock

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward Norris

9. Father's Occupation Cotton Broker

10. Father's Birthplace Baltimore

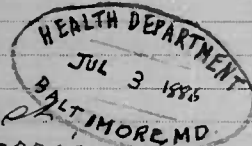
Name of Medical Attendant, or other Person who makes this Return.

Thos. J. Munnick M.D.

Address

81 Race St.

Remarks



of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH ⁸⁷²⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *June 30th 1886*

4. Place of Birth, (Street and Number) *No. 2 Hamilton St*

5. Full Name of Mother, *Bertie Harris*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *John Harris*

9. Father's Occupation, *Oyster-shucker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 30th

4. Place of Birth, (Street and Number)

82 W. Chase

5. Full Name of Mother,

Mary Thomas

6. Mother's Maiden Name,

Mary McDonald

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lawrence Thomas

9. Father's Occupation,

None

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. Whitridge

Address,

Remarks,



RETURN OF A BIRTH ⁸⁷²⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 30 1886

4. Place of Birth, (Street and Number)

295 Monument Street

5. Full Name of Mother.

Laura V. Eastwood

6. Mother's Maiden Name.

Abagness

7. Mother's Birthplace.

Baltimore Md

8. Full Name of Father.

Walter H. Eastwood

9. Father's Occupation.

Sail Maker

10. Father's Birthplace.

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Dr. James E. Whiteford,

Address.

*124 North Street,
BALTIMORE, MD*

Remarks.

Each of the parent or parents of each child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be liable with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st} 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6 1886

4. Place of Birth, (Street and Number) 63 Sandall St

5. Full Name of Mother, Laura Annigan

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, Annapolis Md

8. Full Name of Father, David Annigan

9. Father's Occupation, Magician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wendell Carter M.D.

Address, 146 Thacker St

Remarks, _____



RETURN OF A BIRTH

872 50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

30 June 1886

4. Place of Birth, (Street and Number)

W Fayette Street 486

5. Full Name of Mother,

Maria Louisa Segen

6. Mother's Maiden Name,

M. L. Sultan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Segen

9. Father's Occupation,

Carrier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

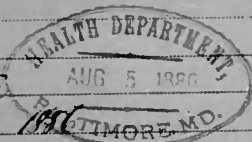
Dr. Blanchard

Address,

211 N Howard St

Remarks,

or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$100 for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH ⁸⁷²⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 30 - 1886

4. Place of Birth, (Street and Number) 17 May St.

5. Full Name of Mother, Rose Miller

6. Mother's Maiden Name, Curtis

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Henry Miller

9. Father's Occupation, Harbor Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Harry Shinn

Address, 151 E Pratt St.

Remarks,



of persons who shall hereafter fall in compliance with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

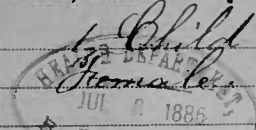
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Child
Homeless
July 2 1886
June 30 1886
27 James Alley
Maria Zeitman
Schmidt
Germany
John Zeitmann
Printer
Germany

J. Schraesser, Midwife
330 Hanover st.

RETURN OF A BIRTH 872 83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30 of June 1888

4. Place of Birth, (Street and Number)

Madison

5. Full Name of Mother,

Louise King

6. Mother's Maiden Name,

Harvial

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James King

9. Father's Occupation,

Supt. Staple

10. Father's Birthplace,

Baltimore County

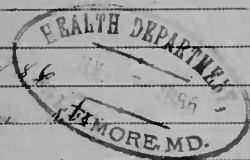
Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

304 Patterson Park

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th of June

4. Place of Birth, (Street and Number) 128 S High St.

5. Full Name of Mother, Margaret Meloy

6. Mother's Maiden Name, F. Luckin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James F. Meloy

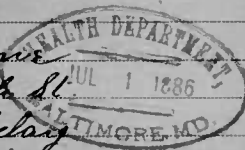
9. Father's Occupation, Telegrapher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E Lombard St.

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 3 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30th 1886

4. Place of Birth, (Street and Number)

1480 Lancaster St

5. Full Name of Mother,

Roy Turner

6. Mother's Maiden Name,

" " Emma

7. Mother's Birthplace,

City

8. Full Name of Father,

William Turner

9. Father's Occupation,

tin store

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Lynn Betz

Address,

126 Bank St

Remarks,

RETURN OF A BIRTH. 87286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 30, 1886

4. Place of Birth, (Street and Number)

512 1/2 Gough St.

5. Full Name of Mother,

Elizabeth Heck

6. Mother's Maiden Name,

" Maurer

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Henry H. Heck

9. Father's Occupation,

Minister of Gospel

10. Father's Birthplace,

Albany, N. Y.

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Hartman M.D.

Address,

305 W. Caroline St.

Remarks,

Report as to the completion of this form shall be made to the Registrar of Vital Statistics, Baltimore City, for each office to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH 87287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 30th

4. Place of Birth, (Street and Number) 13 Diamond cddy

5. Full Name of Mother, Rebecca Peterson

6. Mother's Maiden Name, Dorsey

7. Mother's Birthplace, Accomac county

8. Full Name of Father, William Peterson

9. Father's Occupation, Coachman

10. Father's Birthplace, Accomac county

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Jones

Address, 914 Myson street

Remarks,



report the birth to the Commissioner of Health, in the manner and within the time required, and shall not be subject to the fine of \$10 (ten dollars) for each offense to be recovered in other fine and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child
Male
BALTIMORE MD
JUN 6 1887

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

30 of June

4. Place of Birth, (Street and Number)

Dorchester no 17

5. Full Name of Mother,

Lizzie Friedrich

6. Mother's Maiden Name,

Heinze

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Friedrich

9. Father's Occupation,

Broom maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

30 Patterson Park Ave.

Remarks,

RETURN OF A BIRTH ⁸⁷²⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July the 30,*

4. Place of Birth, (Street and Number) *Ches St. No. 156.*

5. Full Name of Mother, *Henriette Biss*

6. Mother's Maiden Name, *Henriette Engerl*

7. Mother's Birthplace, *Dillenburg, Pr. Vreussen, Germany*

8. Full Name of Father, *Otto G. Biss*

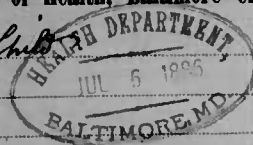
9. Father's Occupation, *Turner*

10. Father's Birthplace, *Büdenkopf, Gr. Hessen, Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *June 30*

4. Place of Birth, (Street and Number) *Exerstreet*

5. Full Name of Mother, *Isis Downing*

6. Mother's Maiden Name, *Jess Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jano Souirige*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *labor*

Name of Medical Attendant, or other Person who makes this Return. *Wm. Shumme*

Address,

Remarks,

Report his birth to the Commissioner of Health in the manner and within the time prescribed in this section, and who shall be liable to a fine of ten dollars for each offence to be recovered as other laws and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁷²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30th of June 1886

4. Place of Birth, (Street and Number) 94 North Chapel street

5. Full Name of Mother, Louisa Weisel

6. Mother's Maiden Name, Louisa Friedach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Friedach

9. Father's Occupation, Hoster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy



RETURN OF A BIRTH.

87292

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *30 June*
 4. Place of Birth (Street and Number) *30 Byrd Street*
 5. Full Name of Mother *Jennie McCalliston*
 6. Mother's Maiden Name *Jennie Bullison*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Robert McCalliston*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Sam C. Pash*
 Address
 Remarks

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁷²⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 30

4. Place of Birth, (Street and Number)

119 11th Street

5. Full Name of Mother,

Calister Lee

6. Mother's Maiden Name,

Calister Jackson

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Robertus Lee

9. Father's Occupation,

Labors

10. Father's Birthplace,

St. Mary

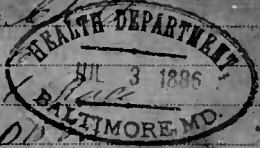
Name of Medical Attendant, or other Person who makes this Return.

Lucius H. Hafford

Address,

130 Register St

Remarks,



RETURN OF A BIRTH ⁸⁷²⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Date of Birth,

July 1/86

Place of Birth, (Street and Number)

298 Canton St.

3. Full Name of Mother,

Mary Foy

5. Mother's Maiden Name,

Beach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Foy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft

Address,

142 S. Washington St.

Remarks,

Within the period above required, and any such person shall be subjected to the fine of ten (\$10) dollars.

report its birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this Act, for each offense to be recovered in any court of law.

be in attendance upon the mother, himself, or any other person, who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷²⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 3d

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1

4. Place of Birth, (Street and Number) 73 South Patterson Ave

5. Full Name of Mother, Elizabeth Harp

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Libert Co. Md.

8. Full Name of Father, Nicholas Shaw Harp

9. Father's Occupation, Steamboat Engineer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, C. P. Jones M.D.

Address, 375 E. Balto. St.

Remarks,



RETURN OF A BIRTH

87296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 1st 1886

4. Place of Birth, (Street and Number)

45 #100 Washington

5. Full Name of Mother,

Barbara Lang

6. Mother's Maiden Name,

Walter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Leopold Lang

9. Father's Occupation,

Hostler

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. Gombel

Address,

170 S. Sharp St.

Remarks,



RETURN OF A BIRTH ⁸⁷²⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child

1. Sex, (state whether male or female)

Little

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 1st 1886

4. Place of Birth, (Street and Number)

29. Fred

5. Full Name of Mother,

Annie Wise

6. Mother's Maiden Name,

Annie Lautenschell

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Wise

9. Father's Occupation,

Pottery

10. Father's Birthplace,

Westpreussen Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hiller

Address,

1012 West Pratt Str

Remarks,

report his birth to the Commissioner of Health, in the manner provided in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Registrar of Vital Statistics, and if the provisions of this section shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) African

3. Date of Birth, 7th mo. 1, 1886.

4. Place of Birth, (Street and Number) No. 30 Hillen St.

5. Full Name of Mother, Hannah Ann Anderson

6. Mother's Maiden Name, Hannah Ann Aye

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Ed. Anderson

9. Father's Occupation, Writer & Coachman

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Robert M. Matthews M.D.

Address, 121 N. Eyster St.

Remarks,



RETURN OF A BIRTH.

87299

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

14th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 1 1886

4. Place of Birth (Street and Number)

577 W Baltimore

5. Full Name of Mother

Sane

6. Mother's Maiden Name

Kauek

7. Mother's Birthplace

Balt.

8. Full Name of Father

Chas Bert

9. Father's Occupation

Hatter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. W. M. M.

Address

258 Madison Ave

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁷³⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 1st 1886*

4. Place of Birth, (Street and Number) *No 91 Oxford St*

5. Full Name of Mother, *Hester Boston*

6. Mother's Maiden Name, *Blake*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas H. Boston*

9. Father's Occupation, *Calomining*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



report his birth to the Commissioner of Health, in this matter, and within the period of ten (10) days after the birth, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.


RETURN OF A BIRTH ⁸⁷³⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *July 10th / 86* 

4. Place of Birth, (Street and Number) *169 Battery Lane*

5. Full Name of Mother, *Emma E. Abbott*

6. Mother's Maiden Name, *" Smith.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *J. Walter Abbott.*

9. Father's Occupation, *Salesman -*

10. Father's Birthplace, *Cambridge, Ind.*

Name of Medical Attendant, or other Person who makes this Return, *R. J. N. Tall. M.D.*

Address, *152 Sharp St*

Remarks, _____

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 15, 1886

4. Place of Birth, (Street and Number) 119 N. Holliday St.

5. Full Name of Mother, Maria J. Gough

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, Pa

8. Full Name of Father, John D. Gough

9. Father's Occupation, Wagonman

10. Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return Wm. L. Gough

Address, 46 N. Holliday St.

Remarks, for 13

HEALTH DEPARTMENT
JUL 15 1886
BALTIMORE
M. J. Gough
John D. Gough
Wm. L. Gough

report for each child to the Registrar of Vital Statistics, Baltimore City, and shall be subject to the fine of \$5 (5) dollars for each omission to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8^d

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, July 1, 1886

Place of Birth, (Street and Number) 156 Croft St

Full Name of Mother, Sadie Daniels

Mother's Maiden Name, Sadie Neal

Mother's Birthplace, Va

Full Name of Father, Chas Daniels

Father's Occupation, Saloon Keeper

Father's Birthplace, N. York

Name of Medical Attendant, or other Person who makes this Return, H B Noble M.D.

Address, 80 Hamden av

Remarks,

RETURN OF A BIRTH 87304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July First 1st

4. Place of Birth, (Street and Number)

107 Leadenhall Street

5. Full Name of Mother,

Mrs Mollie Cunningham

6. Mother's Maiden Name,

Mollie Hamke

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

Harry L Cunningham

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Miss March

Address,

1 Leadenhall St.

Remarks,



Report of birth, as required by law, shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

$8^2 \dot{7} 3 0.5$

Katherine Lizzetta Schmidt

HEALTH DEPARTMENT
AUG 2 1925
BALTIMORE, MD.

- Name of Medical Attendant, or other Person who makes this Return. Miss M. M. M.

Address, Leadenhall St No 1

Remarks,

represents its birth to the Commissioner of Health, a two member or a three member board, for persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

For each child born in Baltimore, Md., a return must be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the father, mother, or other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth July 1st 1886

4. Place of Birth, (Street and Number) Eastern Av. 174

5. Full Name of Mother, Mary Feather

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Italy

8. Full Name of Father, Frank Feather

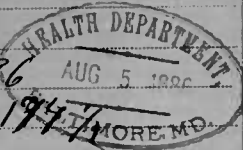
9. Father's Occupation, Labour

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lucile Bernster

Address, 49 S. E. Extension

Remarks, _____



report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH⁸⁷³⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ⁴ 10

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 1st 1886*

4. Place of Birth, (Street and Number) *No 195 Burgundy St*

5. Full Name of Mother, *Margaret Finney*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Accomac County Va*

8. Full Name of Father, *Philip Finney*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Accomac Co Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Deborah Thomas*

Address, *No 60 Burgundy ally*

Remarks, _____



RETURN OF A BIRTH,

87308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

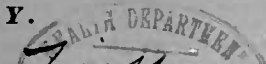
9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



First

Single

White

July 1. 86

484 Lexington St

Florence F. Hopkins

" " Cliffe

Baltimore Md

Jacob S. Hopkins

Clerk, P. O. & T. B. R. R.

Balt. Co. Md

Alswall M.D.

282 W. Lombard St

Name of the mother of such child or children.

RETURN OF A BIRTH

87309

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... *first*
1. Sex, (state whether male or female) ... *Male*
2. Race or Color, (if not of the white race) ... *Collord*
3. Date of Birth, ... *July 1 at 6 A.M.*
4. Place of Birth, (Street and Number) ... *No 44 King St*
5. Full Name of Mother, ... *Rebecca Spriggs*
6. Mother's Maiden Name, ... *Gross*
7. Mother's Birthplace, ... *Calbert County*
8. Full Name of Father, ... *J. Spriggs*
9. Father's Occupation, ... *Porter at B.O.*
10. Father's Birthplace, ... *Calbert County*
Name of Medical Attendant, or other Person who makes this Return, ... *Will. White*
Address, ...
Remarks, ... *Harmens Court No 11*



RETURN OF A BIRTH 87310

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.)

Whether male or female)

(if not of the white race)

h, (Street and Number)

Mother,

iden Name,

hplace,

Father,

pation,

hplace

Medical Attendant, or other Person who makes this Return.

3

Female

Widow

July 1, 1886

No. 1 Smiths Street

Laura Jones

Laura Hall

Hartford County

Edward Jones

Labor

Elles Island

Susann Morgan

No 47, N. Dumbell St.

A



RETURN OF A BIRTH ^{873 11}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *July 1st 1886*

Place of Birth, (Street and Number) *Land Hall*

Full Name of Mother, *Alice McEen Houston*

Mother's Maiden Name, *Alice McEen*

Mother's Birthplace, *Leam*

Full Name of Father, *Mc Hale Houston*

Father's Occupation, *Clergyman in Methodist Church*

Father's Birthplace, *Lexington Virginia*

Name of Medical Attendant, or other Person who make this Return, *C. H. Gaudin M.D.*

Address, *59 Cathedral*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 1st 1886

4. Place of Birth, (Street and Number)

62 St Paul St

5. Full Name of Mother,

Ellen F. Legg

6. Mother's Maiden Name,

J. Webster

7. Mother's Birthplace,

Ma

8. Full Name of Father,

Edward K. Legg

9. Father's Occupation,

Grain Broker

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

179 St. Howard St

Remarks,

1, 1,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{873 13}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,



4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Julianne Michense
Kellner

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Michense

9. Father's Occupation,

Sail maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Lohmeyer, Midwife
330 Hanover st.

Address,

Remarks,

report the birth to the Commissioner of Health, or the Registrar of Vital Statistics, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth *July 1st*

4. Place of Birth, (Street and Number) *260 Park Ave*

5. Full Name of Mother, *Freda Lewis*

6. Mother's Maiden Name, *—*

7. Mother's Birthplace, *Balti.*

8. Full Name of Father, *— Lewis*

9. Father's Occupation, *clerk*

10. Father's Birthplace, *ms*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. P. Foster M.D.*

Address, *10 E. Monument*

Remarks, *—*



RETURN OF A BIRTH ⁸⁷³¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

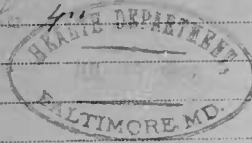
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report this birth for each child born in Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1 July 1886

4. Place of Birth, (Street and Number) 140 Franklin Street

5. Full Name of Mother, Mathilde E. Schilling

6. Mother's Maiden Name, Mathilde Schump

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William C. Schilling

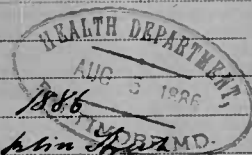
9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. F. Reinhard

Address, 211 N Howard Street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

respect, this return to the Commissioner of the Department of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). *1st Child*

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race). *White*

3. Date of Birth, *June 1st, 1886*

4. Place of Birth, (Street and Number) *N. Den St. No. 169*

5. Full Name of Mother, *Elisabetta Roth*

6. Mother's Maiden Name, *Elisabetta Müller*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Ludwig Roth*

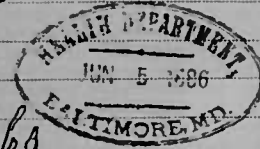
9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Hollmarg. M. Preussen, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,



RETURN OF A BIRTH. 84318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

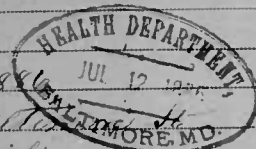
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report and birth to the Commissioner of Health, in the manner and within the time specified in the regulations, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and for failure are recoverable.

87319

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. ☒ Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

First
Paternal
White

July 2nd 1886

88 N Carrollton Ave

Emma Stoffersen

Emma Kaiser

Baltimore Md

Carl Stoffersen

Cigar Manufacturer

Kildesheim Germany

Dr Gillies M.D

188 N Biddle St

Baltimore



RETURN OF A BIRTH

87321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *July 2 1886*
1. Sex, (state whether male or female)... *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *July 2*
4. Place of Birth, (Street and Number) *born 2 close*
5. Full Name of Mother, *Bessie Hall*
6. Mother's Maiden Name, *Eliza Gipson*
7. Mother's Birthplace, *East Va*
8. Full Name of Father, *Porter*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Isabel Hall*
Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address, *Eliza Gipson*

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and in the cases of still-born children, and in the cases of children born to a woman who has been subjected to a law of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁷³²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 12 = 1886

4. Place of Birth, (Street and Number) No 53 Cambridge

5. Full Name of Mother, Road Kimble

6. Mother's Maiden Name, Rosen

7. Mother's Birthplace, Virginia

8. Full Name of Father, James Kimble

9. Father's Occupation, Miner

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this return Samuel P. Livingston

Address, No 538 Canton ave

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 29, 1886.

4. Place of Birth, (Street and Number)

E. B. Cor. Burroughs St. & Fort. St.

5. Full Name of Mother,

Johanna Ripple.

6. Mother's Maiden Name,

" Miller.

7. Mother's Birthplace,

Bald. City.

8. Full Name of Father,

John W. Ripple.

9. Father's Occupation,

Grocer &c.

10. Father's Birthplace,

Bald. City.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

RETURN OF A BIRTH

87323

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 5 1886

4. Place of Birth, (Street and Number)

57 Cumberland St

5. Full Name of Mother,

Winnie Burkhardt

6. Mother's Maiden Name,

Fisher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Edward Burkhardt

9. Father's Occupation,

Laborer (Car driver at present)

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

192 N. Carey St. J. M. Lee M.D.

Remarks,

(Omitted by oversight)



RETURN OF A BIRTH.

87324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

July 2

4. Place of Birth, (Street and Number)

615 N. Calver St.

5. Full Name of Mother,

Margaret F. Habighurst

6. Mother's Maiden Name,

Arnold

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles F. Habighurst

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Morgan

Address,

119 N. Monument C.

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person who neglects or refuses to do so, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, July 2/1866

4. Place of Birth, (Street and Number) 76 1/2 Mulberry St.

5. Full Name of Mother, Mary

6. Mother's Maiden Name, Mary Hecker

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. E. Heggel

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Minch

Address, No. 1 Leadenhall St.

Remarks, none



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 27th 1886*

4. Place of Birth, (Street and Number) *158 Eden St*

5. Full Name of Mother, *Edna L. Sifert*

6. Mother's Maiden Name, *Stumpner*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Adrian Sifert*

9. Father's Occupation, *Driver a wagon*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Bely*

Address, *120 E. Bay St*

Remarks,

report his birth to the Commissioner of Health, in the manner and form, and under the provisions of this section, shall be subjected to the fine of \$100, or shall be liable to the same, for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH

17328

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2 of July*
4. Place of Birth, (Street and Number) *51 Druid Hill Avenue*
5. Full Name of Mother, *Carolina Finkenau*
6. Mother's Maiden Name, *Carolina Finkenau*
7. Mother's Birthplace, *Lutten*
8. Full Name of Father, *Frank Finkenau*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Oldenburg*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ida Sadler*
- Address, *No 5 New st*
- Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁷³²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child.
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

HEALTH DEPARTMENT
JULY 2 1896
334 N. 1st St. 1896

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Ida Dieffenbach
Koferscher

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Dieffenbach

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser Midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH

87330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 2nd. 4th A.M. 1886*

4. Place of Birth, (Street and Number) *St. A. Caroline*

5. Full Name of Mother, *Julia M. McFadden*

6. Mother's Maiden Name, *Julia May*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Michael James McFadden*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

James C. Drinnell M.D.

Address, *299 E. Calver St.*

Remarks,



See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Reborn

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2, 1886

4. Place of Birth, (Street and Number) 22 Lombard St

5. Full Name of Mother, Dora Bernstein

6. Mother's Maiden Name, Dora Schkero

7. Mother's Birthplace, Russia

8. Full Name of Father, Nathan Bernstein

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E. Scherman

Address, Albemarle st N 26.

Remarks,



Be it remembered, that any person who neglects to report the birth of a child, or who neglects to report the death of a person, or who neglects to report the marriage of a person, or who neglects to report the burial of a person, or who neglects to report the adoption of a child, or who neglects to report the change of name of a person, or who neglects to report the change of residence of a person, or who neglects to report the change of occupation of a person, or who neglects to report the change of marital status of a person, or who neglects to report the change of sex of a person, or who neglects to report the change of race of a person, or who neglects to report the change of date of birth of a person, or who neglects to report the change of place of birth of a person, or who neglects to report the change of full name of a person, or who neglects to report the change of mother's maiden name of a person, or who neglects to report the change of mother's birthplace of a person, or who neglects to report the change of father's full name of a person, or who neglects to report the change of father's occupation of a person, or who neglects to report the change of father's birthplace of a person, or who neglects to report the change of name of medical attendant of a person, or who neglects to report the change of address of a person, or who neglects to report the change of remarks of a person, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female
HEALTH DEPARTMENT
JUL 3 1906
BALTIMORE MD.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White
July 2 1886
454 Lexington St
Bettie E. Jeffreys.
Ward
Annamodel C. Md
G. Lucien Jeffreys
Virginia
V. P. Hornum, M.D.
436 Fayette St

RETURN OF A BIRTH 17333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

2nd of July

4. Place of Birth, (Street and Number)

113 N. E. 2d St.

5. Full Name of Mother,

Elizabeth Hoffertart

6. Mother's Maiden Name,

Ringelbach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Hoffertart

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Gasper

Address,

72 E. Lombard

Remarks,



report in full to the Registrar of Vital Statistics, Baltimore City, within ten days after the birth, and the person making the report shall be subject to the fine of \$10 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*



1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 2, 1886*

4. Place of Birth, (Street and Number) *N. 1st St. No 56*

5. Full Name of Mother, *Dorothea Freisag*

6. Mother's Maiden Name, *Dorothea Ziemer*

7. Mother's Birthplace, *halfst City*

8. Full Name of Father, *Theodor Freisag*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Kleinigrahe, N. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return, *May E. Miller*

Address, *N. Dallas St. No 26*

Remarks, _____

Report the birth to the Commissioner of Health, in the manner and within the time limit & under the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) Dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

87335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 2nd 1896

4. Place of Birth, (Street and Number) 303 Carrollton Ave

5. Full Name of Mother, Clara C. Robinson

6. Mother's Maiden Name, Clara Capron

7. Mother's Birthplace, Annapolis Md.

8. Full Name of Father, Abner Robinson

9. Father's Occupation, Clerk B. & O. R.R.

10. Father's Birthplace, B.C.

Name of Medical Attendant, or other Person who makes this Return, Wm. Hill M.D.

Address, 127 Wilmington Ave.

Remarks,



87336

report as birth to the Company under the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as either fine and forfeitures are recoverable.

10. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 July 1889

4. Place of Birth, (Street and Number) 29 Little Maple Grove St

5. Full Name of Mother,

6. Mother's Maiden Name, Katerina Tasic

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, James Tolson

9. Father's Occupation, *Shoemaker*

7. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return None

Address, 914 Washington St

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report its birth to the Registrar of Vital Statistics, Baltimore City, or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 87337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1st Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 3rd of July

4. Place of Birth, (Street and Number)

No 25 Columbia St.

5. Full Name of Mother,

Kate Bechtel

6. Mother's Maiden Name,

Kate Schirmer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Bechtel

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return.

Mrs. W. L. Lauer

Address,

No 173 Harper Lane

Remarks,

73rd St.

1886



GIVEN NAME ADDED 8-1-50
RETURN OF A BIRTH 87338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7. Sex, (state whether male or female).....Female.....

2. Race or Color, (if not of the white race) White

3. Date of Birth, *Balto July 3rd 1886*

4. Place of Birth, (Street and Number) 248 Collington Ave.

5. Full Name of Mother, Maggie Bensel

C. Mother's Maiden Name, Walter Hopp

7. Mother's Birthplace, *America*

8. Full Name of Father, John Bessel.

9. Father's Occupation, *Bar-Maker.*

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this return. Mrs. Mary Amend

Address, 137 South Wake St.

Remarks, _____ *at*

report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

INDEX NAME ADDED 6-27-51
RETURN OF A BIRTH 87339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Mumenthal
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, June 2 1886

4. Place of Birth, (Street and Number) 105 E. Gay

5. Full Name of Mother, Mollie Mumenthal

6. Mother's Maiden Name, " Herman

7. Mother's Birthplace, Germany

8. Full Name of Father, Aaron Mumenthal

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. L. Mustie

Address, 47 S. Bay

Remarks,



RETURN OF A BIRTH 87340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *3th 5.25 C*
 4. Place of Birth, (Street and Number) *45. Claret St*
 5. Full Name of Mother, *Mary E. Lybold*
 6. Mother's Maiden Name, *Mary E. Scott*
 7. Mother's Birthplace, *Chicah. Del.*
 8. Full Name of Father, *Andrew Lybold*
 9. Father's Occupation, *Travelling Agent*
 10. Father's Birthplace, *Balt. Md.*
 Name of Medical Attendant, or other Person who makes this Return, *Miss Munch*
 Address, *1 Leadenhall St.*
 Remarks,



Report the birth to the Commissioner of Health, on the medical certificate, the period above required, and any other person who reports the birth to the Commissioner of Health, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

It is the duty of every person who reports a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁷³⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth 307 July 1886

4. Place of Birth, (Street and Number) 22 Vincent alley

5. Full Name of Mother, Ellen Tylor

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Fredricks City

8. Full Name of Father, Thomas Tylor

9. Father's Occupation, Hard Quarry

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mary E Jones

Address, 544 Saratoga st

Remarks, _____



RETURN OF A BIRTH 87342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 3rd 1886

4. Place of Birth, (Street and Number)

No. 477 East Monument Street

5. Full Name of Mother,

Mrs. Margaret Gertrude Gibson

6. Mother's Maiden Name,

Miss Mary Ann G. McCurdy

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Mr. Albert Orville Gibson

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore Md.

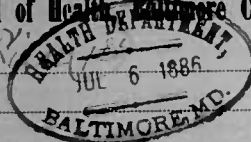
Name of Medical Attendant, or other Person who makes this Return

Mrs. H. Glendinning M.D.

Address,

No. 102 N. Broadway

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

he is attendance upon the mother, immediately thereafter it shall become the duty of the parent of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

87343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 3, 1886

4. Place of Birth, (Street and Number) 102 N. Gay St.

5. Full Name of Mother, Ernest B. Krinsz

6. Mother's Maiden Name, " " Hutton

7. Mother's Birthplace, Lawrence Co. Penn^a.

8. Full Name of Father, Chas. Krinsz

9. Father's Occupation, Confectioner

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address, 305 N. Caroline St.

Remarks, _____



RETURN OF A BIRTH. ⁸⁷³⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth July 3rd 1886

4. Place of Birth, (Street and Number) Canton Av. 258

5. Full Name of Mother, Kate Katz

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Katz

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. Cecile Bernstein

Address, 49 S. Euterstr.

Remarks,



report its birth to the Commissioner of Health, to the satisfaction of this section; shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other dire and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 2nd 1886

4. Place of Birth, (Street and Number) Balto Mount St No 25-

5. Full Name of Mother, Mary Wilson Bell

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Balto Ind

8. Full Name of Father, Wilson Bell

9. Father's Occupation, Coachman

10. Father's Birthplace, Balto Ind

Name of Medical Attendant, or other Person who makes this Return, Sarah Rollins

Address, _____

Remarks, _____



RETURN OF A BIRTH

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) 4th

her sex or female) Female

(if not of the white race) White

July 3^d 1886

(Street and Number) 18 Cornerett St

Mother, Ella Slayman

in Name, Ella Fowler

place, Baltimore Md

Father, James Slayman

ation, Shoe Cutter

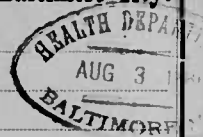
place, Baltimore Md

ical Attendant, or other Person who makes this Return Sarah R. Levier

no 50 East Hoffman St

Breach Birth Mother & Child

ing well



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 3rd 1886*

4. Place of Birth, (Street and Number) *144 Green St*

5. Full Name of Mother, *Emma Mat Lauer*

6. Mother's Maiden Name, *Shul*

7. Mother's Birthplace, *City*

8. Full Name of Father, *John Lauer*

9. Father's Occupation, *Butter Dealer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Lizzie Kelly*

Address, *120 Bank St*

Remarks,



RETURN OF A BIRTH

87348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 3

4. Place of Birth, (Street and Number)

36

Jordan St.

5. Full Name of Mother,

Amanda Batt

6. Mother's Maiden Name,

11

Leavis

7. Mother's Birthplace,

West Virginia

8. Full Name of Father,

Joseph Batt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Howard County Md

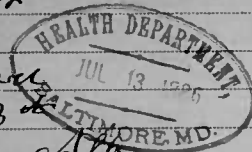
Name of Medical Attendant, or other Person who makes this Return.

John John

Address,

94 Lyson St

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$1 or (10) dollars for each section to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd July 1886

4. Place of Birth, (Street and Number) 201 William St

5. Full Name of Mother, Annie Frank

6. Mother's Maiden Name, Annie Fisher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Frank

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Valina Cristobal

Address, 14th & West St

Remarks, _____



If the birth is the consequence of health, in the manner and within the period above required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH ⁸⁷³⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, B

4. Place of Birth, (Street and Number) Dallas St 148

5. Full Name of Mother, Mary E Chester

6. Mother's Maiden Name, Mary E Cooper

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, DeW-Say a Chester

9. Father's Occupation, or clocker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, H

Address, H. H. Smith 100 McClellan

Remarks,



Birth certificate of child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and to pay the fee of ten (10) dollars for each address to be reported as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁴⁻⁸⁴³⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 13, 1896*

4. Place of Birth, (Street and Number) *108 Laurel Ave*

5. Full Name of Mother, *Annie Wright*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Bernard Wright*

9. Father's Occupation, *Carman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Wardner (Coker) M.D.*

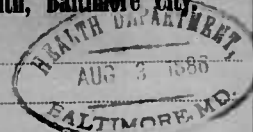
Address, *146 Lexington St. No. 213*

Remarks,

RETURN OF A BIRTH

87353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *July 3 - '86*
4. Place of Birth, (Street and Number) *Maternity Hooph,*
5. Full Name of Mother, *Ella Madison*
6. Mother's Maiden Name, *D. D.*
7. Mother's Birthplace, *Delaware*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*
- Name of Medical Attendant, or other Person who makes this return, *A. H. Ditchett, M.D.*
- Address, *Maternity Hooph,*
- Remarks, *—*

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 July 1886

4. Place of Birth, (Street and Number) 1661 Washington St.

5. Full Name of Mother, Magdalena Deems

6. Mother's Maiden Name, Magdalena More

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles Deems

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, J. H. Koptist

Address, 171 Washington St

Remarks,



Report on birth to the Commissioner of Health, in the manner and within the period above requested, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

87355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 July 1886

4. Place of Birth, (Street and Number) 12 Castle

5. Full Name of Mother, Mary Matthews

6. Mother's Maiden Name, Mary Matthews

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Ashton Matthews

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kephthick

Address, 674 Washington St

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

87356

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Free Negro

3. Date of Birth,

30 July.

4. Place of Birth, (Street and Number)

12 N. Mount St.

5. Full Name of Mother,

Alice Butts -

6. Mother's Maiden Name,

Alice McShady.

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

William Butts -

9. Father's Occupation,

Carman B. & O. R. W. Co.

10. Father's Birthplace,

B. C.

Name of Medical Attendant, or other Person who

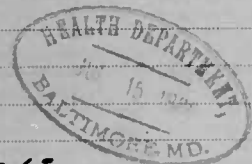
make this Return

Amos F. Hill

Address,

17 N. Calumet St.

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 87357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

873.51

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 14th 1886*

4. Place of Birth, (Street and Number) *Eastern Ave. No 19.*

5. Full Name of Mother, *Mary Straus*

6. Mother's Maiden Name, *Mary Aul*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Christian Straus*

9. Father's Occupation, *Harmon maker*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant,

or other Person who makes this Return

Address, *N. Dallas St. No 26*

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

of any child born in Baltimore, and the parent or parents of such child, to report his birth to the Commissioner of Health, in the manner required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be reported, and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sarah R. Sheldon*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 4*

4. Place of Birth, (Street and Number) *Union Street*

5. Full Name of Mother, *Sarah Rebecca Sheldon*

6. Mother's Maiden Name, *Sarah R. Newman*

7. Mother's Birthplace, *Baltimore Maryland*

8. Full Name of Father, *George H. Sheldon*

9. Father's Occupation, *a Caliber*

10. Father's Birthplace, *Baltimore Maryland*

Name of Medical Attendant, or other Person who makes this Return, *Lucy Garrison*

Address, *No 15 - Garden ally*

Remarks,



87360
(ava)

(ava)

Name - Flora M. Wiesner

-
- A circular ink stamp from the Baltimore Health Department. The words "HEALTH DEPARTMENT" are curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the year "1914" is stamped, with the month "JAN" partially visible above it. The stamp is slightly faded and has a textured, aged appearance.

or other Person who makes this Return. *Mrs J. Weiss*

424 Lancaster St.

Remarks,

Wells & Co., City Printers and Stationers.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 24th 1886

4. Place of Birth, (Street and Number)

71 Orleans St.

5. Full Name of Mother,

Annie M. Wallace

6. Mother's Maiden Name,

" " McShane

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward J. Wallace

9. Father's Occupation,

Merchant. Sailor

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Edward P. M.D.

Address,

27 Wicomico St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other times and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Fifth

Male

White

July 4th 1896

78 Chew St.

Isabella Croggon

Carroll

Baltimore

William Edward Croggon

Horse dealer

Washington D.C.

S. H. Seldner M.D.

S. C. Cox

Caroline Cager St.

Full name of child - Charles Carroll Croggon



RETURN OF A BIRTH ⁸⁷⁸⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) twins Boys

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 4th 1886

4. Place of Birth, (Street and Number) No 67 Burgundy Alley

5. Full Name of Mother, Elizabeth Dorsey

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Balti City

8. Full Name of Father, Frank Dorsey

9. Father's Occupation, Labourer

10. Father's Birthplace, Balti City

Name of Medical Attendant, or other Person who
makes this Return, Deborah Thomas

Address, No 60 Burgundy Alley

Remarks, _____



Report the birth of every child born in Baltimore City, and the death of every person who dies in Baltimore City, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the provisions of this section, and for each failure to do so, the Registrar of Vital Statistics may, in his discretion, impose a fine of not more than ten dollars, or imprisonment for not more than thirty days, or both, at his discretion, and the provisions of this section shall be subject to the fine of ten dollars for each failure to do so, the Registrar of Vital Statistics may, in his discretion, impose a fine of not more than ten dollars, or imprisonment for not more than thirty days, or both, at his discretion, and the provisions of this section shall be subject to the fine of ten dollars for each failure to do so.

RETURN OF A BIRTH

87364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 4th 1886

4. Place of Birth, (Street and Number)

273 Milliman Street

5. Full Name of Mother,

Maria S. Hall

6. Mother's Maiden Name,

Maria S. Pales

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Marion W. Hall

9. Father's Occupation,

Coach Painter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Saml B. Powell M.D.

Address,

29 Nisqueth Street

Remarks,



be in attendance upon the birth of a child, and report to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to a fine of not more than ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Fourth of July*

4. Place of Birth, (Street and Number) *23 Douglas St*

5. Full Name of Mother, *Emma Mettley*

6. Mother's Maiden Name, *Emma Waters*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Augustus Waters*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Harriet Jackson*

Address, *14 Douglas St*

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Registrar of Vital Statistics, and any person who fails to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female

Colored

July 8 1886

No 2. The Registrar

Sarah Telant

Sarah Harris

Baltimore City

Joseph Tolant

Labour

Baltimore City

Charles Packer

10 Carlton St

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

July 4th 1886

4. Place of Birth, (Street and Number)

84 Richmond

5. Full Name of Mother,

Anna Maria

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Campbell Maria

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Med

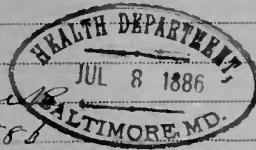
Name of Medical Attendant, or other Person who makes this Return.

C. B. Hinkle M.D.

Address,

59 Cathedral

Remarks,



RETURN OF A BIRTH 87368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4 July*

4. Place of Birth, (Street and Number) *106 Glasse St*

5. Full Name of Mother, *Sabara Reikowski*

6. Mother's Maiden Name, *Reinert*

7. Mother's Birthplace, *Westpreussen Germ*

8. Full Name of Father, *John Reikowski*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Westpreussen Germ.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs E. Weiss*

Address, *424 Lancaster St*

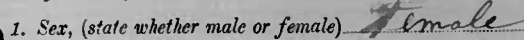
Remarks,



Let the Licensee upon the Mother, time of Health, in the manner and within the period above required, and say such person report the birth of a child, and shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

87369

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)



3. Date of Birth July 4th

5. Full Name of Mother, *Dina Heckman*

7. Mother's Birthplace, Germany

9. Father's Occupation, ... *Librarian*

Name of Medical Attendant, or other Person who makes this Return. Mrs. Gault

Remarks.....

be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to support its birth to the Commissioner of Health, in the manner and within the period, alone required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3. 6.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 4. 1886

4. Place of Birth, (Street and Number)

No. 6 Lehigh St.

5. Full Name of Mother,

Sophia Wall

6. Mother's Maiden Name,

Basel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Paul Wille

9. Father's Occupation,

Beer Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Agnes Lindner

Address,

No. 45 S. W. 4th St.

Remarks,

11th 11



be in attendance upon the mother, during and after the birth, and report the birth to the Commissioner of Health, in the manner and within the time and upon the form provided above, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

July 4th

Gay St. 464

Ch. Terese Siebert

" Kohl

Germania

Christ Siebert

Brewer

Germania

Josephine Conner

20 Barnes

RETURN OF A BIRTH

87372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4th

4. Place of Birth, (Street and Number)

43 Harlem ave.

5. Full Name of Mother,

Amelia C. Geist

6. Mother's Maiden Name,

" " Ann

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John P. Ann

9. Father's Occupation,

brick

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return,

C. L. Bradenholme

Address,

166 S. Paca

Remarks,

By the Registrar of Vital Statistics, Baltimore City, this Return is hereby acknowledged, and the date of the birth of the child is hereby certified to the proper authorities, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3^d}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 4th*

4. Place of Birth, (Street and Number) *345 W. Washington St*

5. Full Name of Mother, *Sophie Shimel*

6. Mother's Maiden Name, *Novak*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Joseph Shimel*

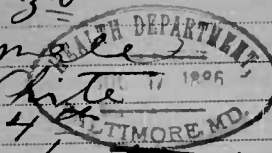
9. Father's Occupation, *Organmaker*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, ^{or other Person who makes this Return.} *Josephine Conner*

Address, *20 Barnes St*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10. Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11, 1886

4. Place of Birth, (Street and Number) N. Dallas St. No. 209

5. Full Name of Mother, Mary Schmidt

6. Mother's Maiden Name, Mary Weiss

7. Mother's Birthplace, Grump. V. H. Oesterreich. Europa

8. Full Name of Father, John Schmidt

9. Father's Occupation, Laborer

Father's Birthplace, Grump. V. H. Oesterreich. Europa

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,



Persons who shall hereafter fail to comply with the provisions of this act, or who shall hereafter fail to recover as other fines and forfeitures are recoverable, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87.275}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27 - 1886

4. Place of Birth, (Street and Number)

148 E. Lombard St.

5. Full Name of Mother,

Agnes B. Bailey

6. Mother's Maiden Name,

Mc. Callough

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James H. Bailey

9. Father's Occupation,

Upholster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

151 E. Pratt St.

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

87376

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 54

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July

4. Place of Birth, (Street and Number) No. 758 N. E. St.

5. Full Name of Mother, Elizabeth Hamilton

6. Mother's Maiden Name, S. Rodtman

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles F. Hamilton

9. Father's Occupation, Laboring man

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return, Annie Green

Address, No. 634 Light St.

Remarks,



RETURN OF A BIRTH.

87377

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *July 5th 1886*
 4. Place of Birth (Street and Number) *363 Hamburg St.*
 5. Full Name of Mother *Sarah Lightner*
 6. Mother's Maiden Name *" Gatz-*
 7. Mother's Birthplace *Balto. City*
 8. Full Name of Father *Frederick Lightner*
 9. Father's Occupation *Carpenter*
 Father's Birthplace *Balto. City*
 Name of Medical Attendant, or other Person who makes this Return. *F. B. Gardner*
 Address *120 N. Greene St.*
 Remarks



See instructions upon the back of this form, immediately thereupon it shall become the duty of the person or persons of such name to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 5th 1886*

4. Place of Birth, (Street and Number) *244 N Dallas St*

5. Full Name of Mother, *Katherine Bothumbaum*

6. Mother's Maiden Name, *Unhoff*

7. Mother's Birthplace, *Holland Ger.*

8. Full Name of Father, *Lewis Bothumbaum*

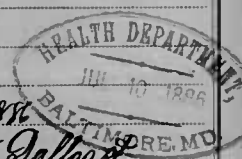
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Holland Ger.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Julia Green*

Address, *466 N Gay St*

Remarks,



RETURN OF A BIRTH. ⁸⁷³⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth

July 8 1886

4. Place of Birth, (Street and Number)

Baltimore No 371 West St.

5. Full Name of Mother,

Mary Mc. Goings

6. Mother's Maiden Name,

Mary Mc. Murphy

7. Mother's Birthplace,

Pittsburgh Pa.

8. Full Name of Father,

Lewis Mc. Goings

9. Father's Occupation,

Concrafter

10. Father's Birthplace,

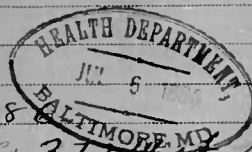
Annapolis Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

James Sims

Address,

Remarks,



Report its birth to the Registrar of the City of Baltimore, Md., and to the Registrar of the County of Baltimore, Md., for each offence to be recovered as other laws and regulations are recoverable.

or persons who shall have been fully to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.



5 Day of July 1886
No 317 Charles St

Helen Hoffman
Katie Reinhardt

Henn
George Hoffman

Laborer
Henn

Salina Wischaker

No 125 West St

RETURN OF A BIRTH 87381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st (First)*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 5th 1886.*

4. Place of Birth, (Street and Number) *1261. Campbell st.*

5. Full Name of Mother, *Mary Magdalene Chapman.*

6. Mother's Maiden Name, " " *Geis*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Grenbury Chapman.*

9. Father's Occupation, *Shoemaker.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, *or other Person who makes this Return* *Chas Barrig*

Address, *416 E. Pratt st*

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report is made to the Registrar of Births, Deaths and Marriages, Baltimore City, by the person who shall hereafter fill to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White

July 5/86

41 Parkville

Annin

O'Saughlin

Gazelle

Baltimore

Pat H.

O'Saughlin

House Painter

Baltimore

A. L. Spierman
28 W. Lombard

RETURN OF A BIRTH.

873 83

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 6th

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

the 3th July

4. Place of Birth (Street and Number)

Stelland St no 21

5. Full Name of Mother

Mary Taylor

6. Mother's Maiden Name

Bain

7. Mother's Birthplace

Baltimore county

8. Full Name of Father

John Taylor

9. Father's Occupation

laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address

Mrs Jane Guy

Remarks

not Bond in

name of the mother of each child in column.

RETURN OF A BIRTH ¹⁷³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5 1886

4. Place of Birth, (Street and Number) 629 Quaker St

5. Full Name of Mother, Maggie Kehelan

6. Mother's Maiden Name, Murphy

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Kehelan

9. Father's Occupation, Captain Tug Boat

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Miss Vick

Address, 1012 Patterson Park Dr

Remarks, _____



or person who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27 1886

4. Place of Birth, (Street and Number)

999 West St.

5. Full Name of Mother,

Sophie Christ
Reis

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Einsele Christ

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser, Midwife

Address,

330 Hanover St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Pisripasa

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 5. 4. 3. a m. 1886

4. Place of Birth, (Street and Number)

664 W. Pratt

5. Full Name of Mother,

Annie Bond

6. Mother's Maiden Name,

Annie Duggan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Bruce

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

A. H. Barton M.D.

Address,

Remarks,

report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 873 87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 5 Aug 9 1886

Place of Birth, (Street and Number) W 17 St. No. 11

Full Name of Mother, Lizzie Neas

Mother's Maiden Name, Lizzie Graham

Mother's Birthplace, Baltimore

Full Name of Father, Bernhard Neas

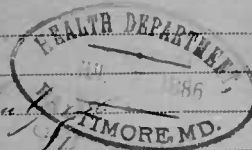
Father's Occupation, Labr

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Julina Grishaber

Address, W 17 St No 11

Remarks,



RETURN OF A BIRTH, 87388

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Health
Female
White
July 5, 1886
458 Saratoga St.
Barbara Ludwig -
" Ramble
Germany -
Paul Ludwig -
Labourer
Germany -
Alswalt 200
282 W. Lombard St.

report its birth to the Commissioner of Health, or the Registrar, and the mother, or the father, or the person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

5th of July

4. Place of Birth, (Street and Number)

16 E. Lombard

5. Full Name of Mother,

Eliza Miller

6. Mother's Maiden Name,

Brendt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Miller

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Gasper

Address,

72 E. Lombard

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with this requirement shall be subject to the fine of ten (10) dollars for each offense so committed, and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷³⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5th

4. Place of Birth, (Street and Number) 144 S. Pascal

5. Full Name of Mother, Phoebe Harrison

6. Mother's Maiden Name, Plimmer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John F. Harrison

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, E. L. Boddenshine

Address, 144 S. Pascal st.

Remarks,

RETURN OF A BIRTH ⁸⁷³⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, July 5 1886

4. Place of Birth, (Street and Number) 314 Booth St

5. Full Name of Mother, David Randolph

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, American Co Va

8. Full Name of Father, James Randolph

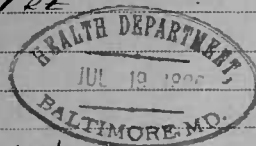
9. Father's Occupation, Book Maker

10. Father's Birthplace, New Orleans La

Name of Medical Attendant, or other Person who makes this return, Carlson & Anderson

Address, 2nd St

Remarks, 2600 Vincent Alley



Report its birth to the Commissioner of Health in the Registrar and when the person is under 10 years of age, the person who reports its birth shall be liable for each offense to be recovered in other this and for failure to report its birth.

RETURN OF A BIRTH ⁸⁷⁸⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5

4. Place of Birth, (Street and Number) 216 E. ...

5. Full Name of Mother, Lorina Augusta Tipton

6. Mother's Maiden Name, Harmon

7. Mother's Birthplace, Charlotte N. C.

8. Full Name of Father, Charles Robert Bell

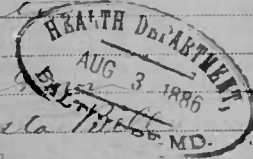
9. Father's Occupation, Book Keeper

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, E. P. Jones M.D.

Address, 375 E. Baltimore

Remarks, _____



he in atten. since upon the mother, immediately thereafter it shall become the duty of the person or persons, if such person or persons shall be in attendance upon the mother, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

8739.3

report its birth to the Commissioner of Fish and Game, the State Game and Fish Commission, or the State Game and Fish Commission, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

3

Male

5th of July

85 S. Hitch

Chara Petriandou

Peterson

Stahy

Joe. Petricanlou

Scissore-grinder

Italy

Sarah Casper

72 E. Giribard

...cl

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 July

4. Place of Birth, (Street and Number) 5 Miller st

5. Full Name of Mother, Mary Stakes

6. Mother's Maiden Name, Mary Wersck

7. Mother's Birthplace, Bohemia

8. Full Name of Father, James Stakes

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kefler

Address, 691 Koptick Washington st

Remarks,



be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person
report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be subjected to the fine of ten (\$10) dollars
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars
for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 87,395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 5, 1886

4. Place of Birth, (Street and Number) 314 W. Caroline St.

5. Full Name of Mother, Sarah A. Germand

6. Mother's Maiden Name, " " Henry

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Edward A. Germand

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address, 305 W. Caroline St.

Remarks,



RETURN OF A BIRTH 87396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 May of July 1886

4. Place of Birth, (Street and Number) 14th 214 Harley St

5. Full Name of Mother, Annie Gerhard

6. Mother's Maiden Name, Annie Winagel

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Gerhard

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this return, Salina Grishaber

Address, 27th 128 West 3th

Remarks,



report on birth to the Commissioner of Health, the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *July 6 - 1886*

4. Place of Birth, (Street and Number) *No 6 Low st*

5. Full Name of Mother, *Bessy Henitzberg*

6. Mother's Maiden Name, *Bessy Gailader*

7. Mother's Birthplace, *No 8 Low st*

8. Full Name of Father, *Abraham Henitzberg*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *No 8 Low st*

Name of Medical Attendant, or other Person who makes this Return, *Mr. David G. Galt*

Address, *228 N. Spring St Baltimore*

Remarks, *W.P.*



In a trial case against the Registrar of the City of Baltimore, the Commission of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

87398.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 6

4. Place of Birth (Street and Number)

Baltimore, Baltimore St 1115

5. Full Name of Mother

Mary Elizabeth McDonald

6. Mother's Maiden Name

Mary E. Rickell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James McDonald

9. Father's Occupation

Steam Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. G. H. Bush

Address

235 North Mount St

Remarks

Healthy

name of the mother of such child or children.



RETURN OF A BIRTH 87399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, July 6th 1886

4. Place of Birth, (Street and Number) 37 Little Monument St

5. Full Name of Mother, Rebecca Jones

6. Mother's Maiden Name, Rebecca White

7. Mother's Birthplace, Blacksville Md

8. Full Name of Father, Wm Jones

9. Father's Occupation, Writer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Hester Moten

Address, 37 Little Monument St

Remarks,

Report the birth in the Commissioner of Health, in the manner and within the time above required, and pay the fee of ten (10) dollars for each child, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH

87400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 6th 1886

4. Place of Birth, (Street and Number)

213 William St.

5. Full Name of Mother,

Anna Bopp

6. Mother's Maiden Name,

" Kavelage

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas L Bopp

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Korb

Address,

528 South Eager St

Remarks,



report in birth to the Commissioner of Health, in the manner and within the time herein required. Any person who fails to report in birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each return to be recovered as other fines and penalties are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁷¹⁴⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th 1886

4. Place of Birth, (Street and Number) No 88 N. Gay St

5. Full Name of Mother, Annice Price

6. Mother's Maiden Name, " Ruff

7. Mother's Birthplace, Baltimore Co., Md.

8. Full Name of Father, Amos Thomas Price

9. Father's Occupation, Bar-keeper

10. Father's Birthplace, Baltimore Co., Md.

Name of Medical Attendant, or other Person who makes this Return, Amelia Johnson

Address, 6 Hamilton St

Remarks,



RETURN OF A BIRTH ⁸⁷⁴⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8 1887
HEALTH DEPARTMENT
BALTIMORE, MD.

4. Place of Birth, (Street and Number)

160 South Street

5. Full Name of Mother,

Maria Topp

6. Mother's Maiden Name,

Gehrart

7. Mother's Birthplace,

America

8. Full Name of Father,

James Topp

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwager Midwife

Address,

330 Hanover St

Remarks,

Report the birth to the Commissioner of Health in the manner and within the time before required. Any neglect or refusal to do so shall be deemed a misdemeanor, and the person so neglecting or refusing shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above specified, and if the report is not made in accordance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH.

87403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

July 26

4. Place of Birth, (Street and Number)

601 34 Wilkeson

5. Full Name of Mother,

Mary Hignit

6. Mother's Maiden Name,

Mary Rodgers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Hignit

9. Father's Occupation,

fisherman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. R. Casby

Address,

No 16 Heath St

Remarks,

Doing well



RETURN OF A BIRTH.

87404

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 6

4. Place of Birth (Street and Number)

80 Byrd Street

5. Full Name of Mother

Virginia Sunderland

6. Mother's Maiden Name

Virginia Boggs

7. Mother's Birthplace

Bristol

8. Full Name of Father

Thomas Sunderland

9. Father's Occupation

Steamboatman

10. Father's Birthplace

Bristol

Name of Medical Attendant, or other Person who makes this Return.

Annie Nash

Address

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁷¹¹⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 7

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11: 6

4. Place of Birth, (Street and Number) Federal st.

5. Full Name of Mother, Antoni Scarsinsky

6. Mother's Maiden Name, Antoni Dulisky

7. Mother's Birthplace, Germany

8. Full Name of Father, Lorenz Scarsinsky

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Burns

Address, No. 612 Foster St. Belair Ave

Remarks,



or persons who shall hereafter all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 87406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth July 6th

4. Place of Birth, (Street and Number) 74 Ann St South

5. Full Name of Mother, Lusa Gardner

6. Mother's Maiden Name, " Elliott

7. Mother's Birthplace, Baltz

8. Full Name of Father, Robert Gardner

9. Father's Occupation, Plumber

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Goetzke

Address, 55 Bond St

Remarks,



report for birth to the Commissioner of Health, in the manner and form provided, and for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 6

4. Place of Birth, (Street and Number)

No. 6 Gerrard St

5. Full Name of Mother,

Philmona Wers

6. Mother's Maiden Name,

Philmona Canard

7. Mother's Birthplace,

St Mary Co

8. Full Name of Father,

Edward Wers

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Beail Co Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ethel

Address,

13 Cuba St

Remarks,

Baltimore

report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who are so required to make such report, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth in the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who reports a birth contrary to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 6

4. Place of Birth, (Street and Number)

98 Garrett ave

5. Full Name of Mother,

Francis Rebeck

6. Mother's Maiden Name,

"

Zeilman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

P. J. Rebeck

9. Father's Occupation,

Labrer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ethel

Address,

1213. Cuba St

Remarks,



RETURN OF A BIRTH ⁸⁷⁴⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, 6 day of July

4. Place of Birth, (Street and Number) No 206 West street

5. Full Name of Mother, Mary E Lee

6. Mother's Maiden Name, Mary E Pinder

7. Mother's Birthplace, Dorchester Co Md

8. Full Name of Father, John H Lee

9. Father's Occupation, Drumman

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return, Catharine Riley

Address, 44 Walker street

Remarks, Nil



Report the birth to the Commissioner of Health, in the instance and in the manner provided for in the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th 1881

4. Place of Birth, (Street and Number) 331 Durham St

5. Full Name of Mother, Susann Hubbard

6. Mother's Maiden Name, " Harrison

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Friedrich Hubbard

9. Father's Occupation, Porter

10. Father's Birthplace, Wannenberg, Ger

Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Groom

Address, 466 N Gay St

Remarks, _____

Report its birth to the Registrar of Health, in the register and within the period above required, and any such person or persons who shall be so required to report, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

87411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 July 1886

4. Place of Birth, (Street and Number) 267 N. Wolfe

5. Full Name of Mother, Rose Knies

6. Mother's Maiden Name, Rose Kopsowa

7. Mother's Birthplace, Germany

8. Full Name of Father, William Knies

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Prof. Koptish

Address, 69 N. Market Street

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH^{874/12}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

-

3. Date of Birth,

July 6 - 86

4. Place of Birth, (Street and Number)

70 Edmondson Ave

5. Full Name of Mother,

Julia Reed

6. Mother's Maiden Name,

Julia Dixie

7. Mother's Birthplace,

NY

8. Full Name of Father,

Alexander J. Reed

9. Father's Occupation,

Salesman

10. Father's Birthplace,

VA

Name of Medical Attendant,

or other Person who
makes this Return

J. M. Hundley

Address,

22 Edmondson Ave

Remarks,



duty of the parent or guardian of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any parent or person who neglects to do so shall be liable to a fine of ten dollars, and such infraction to be recorded as other fines and penalties are recordable.

RETURN OF A BIRTH ⁸⁷⁴¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6 1886

4. Place of Birth, (Street and Number) 342 G. Lane St

5. Full Name of Mother, Luisa Kraus

6. Mother's Maiden Name, Luisa Piek

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, John Kraus

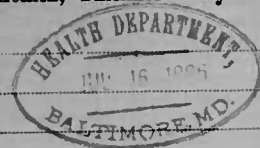
9. Father's Occupation, Salesman

10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this Return, May J. K. Smith

Address, 624 Washington St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴¹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6th of July 1886

4. Place of Birth, (Street and Number) 141 Mulberry Street

5. Full Name of Mother, Mary Magdalene Brady

6. Mother's Maiden Name, Mary Magdalene Brady

7. Mother's Birthplace, Liverpool, England

8. Full Name of Father, John Casper Brady

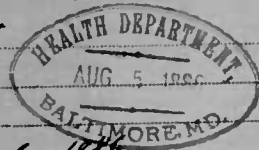
9. Father's Occupation, Clark

10. Father's Birthplace, New York City

Name of Medical Attendant, or other Person who makes this Return, Dr. E. Pennekamp

Address, 211 N. Howard Street

Remarks, _____



Printed by the City of Baltimore, Md., at the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City. For every person born in Baltimore, Md., a fee of ten cents is to be paid to the Registrar of Vital Statistics, Board of Health, Baltimore City, for each return to be recorded as required by law and for all other fees are recoverable.

RETURN OF A BIRTH

87415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 7th 1886*

4. Place of Birth, (Street and Number) *No. 29 S. Mount*

5. Full Name of Mother, *Dr. Thompson*

6. Mother's Maiden Name, *Dr. Morgan*

7. Mother's Birthplace, *Baltimore city*

8. Full Name of Father, *Jayathan Thompson*

9. Father's Occupation, *Railroad Employee*

10. Father's Birthplace, *Howard Co. Md.*

Name of Medical Attendant, or other Person who makes this Return, *Henry C. O'Leary M.D.*

Address, *No. 15 N. Carrollton Av. Baltimore city*

Remarks, *— — —*



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1, 1880

4. Place of Birth, (Street and Number) W. 271 William St

5. Full Name of Mother, Louisa Dunn

6. Mother's Maiden Name, Louisa Groh

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Dunn

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Isabell Wischke

Address, W. 125 N. 1st St

Remarks, _____



report its birth to the Registrar of Vital Statistics, Baltimore City, and if it fails to do so, it shall be subject to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-14-58

87417

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julius Theodore Freundel
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *July 7th. 1886. 4. 9. A.M.*
4. Place of Birth, (Street and Number) *Baltimore No. 401. Scott Street*
5. Full Name of Mother, *Fredericke Minna Freundel*
6. Mother's Maiden Name, *Fredericke Minna Hungenland*
7. Mother's Birthplace, *Haidersheim Hammer Germany*
8. Full Name of Father, *William Heinrich Freundel*
9. Father's Occupation, *Iron Moulder*
10. Father's Birthplace, *Wurzach Furstenberg-Kreis Germany*
Name of Medical Attendant, or other Person who makes this Return. *Dr. J. B. Bange*
Address, *525 Cherry St.*
Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3 Child*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 7 of Jan 1886*

4. Place of Birth, (Street and Number) *Quaker Lane York Road*

5. Full Name of Mother, *Mary Muller*

6. Mother's Maiden Name, *Mary Hofmann*

7. Mother's Birthplace, *East Pa*

8. Full Name of Father, *Robert Muller*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return, *Mrs Ch. Lauer*

Address, *No 173 Harford Ave*

Remarks, *Bal Md.*

1886

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 14 1886

4. Place of Birth, (Street and Number)

6120 Johnson St

5. Full Name of Mother,

Mary Elzpine Rysinger

6. Mother's Maiden Name,

Mary Elzpine Evans

7. Mother's Birthplace,

Manchester N.H.

8. Full Name of Father,

Joseph C. Rysinger

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. A. Cottrell

Address,

#225 Montgomery St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 87420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 7 1886*

4. Place of Birth, (Street and Number) *157 E. Baltimore St*

5. Full Name of Mother, *Mary E. Rote*

6. Mother's Maiden Name, *" " Handly*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George A. Rote*

9. Father's Occupation, *Lin & shut room worker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Edward J. McDevitt*

Address, *24 Aspinwall St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 7th

4. Place of Birth, (Street and Number) Center St. East

5. Full Name of Mother, Lizzie Jackson

6. Mother's Maiden Name, Graf

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry G. Jackson

9. Father's Occupation, Car Driver

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. W. B. Billington M.D.

Address,

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 7. 1886

4. Place of Birth, (Street and Number) 627 N. Gay St,

5. Full Name of Mother, Mary Elizth Keppeler

6. Mother's Maiden Name, " " Howard

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Wm. P. Keppeler

9. Father's Occupation, Keppeler & Bell-hangers

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo A Hartman M.D.

Address, 305 N. Caroline St,

Remarks, ~~~~~



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁷⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *7th July*

4. Place of Birth, (Street and Number) *145- Penn st*

5. Full Name of Mother, *Annie West*

6. Mother's Maiden Name, *Annie Dorsey*

7. Mother's Birthplace, *Fredericksburgh Va*

8. Full Name of Father, *Henry T. West*

9. Father's Occupation, *Seaman*

Father's Birthplace, *Oranock Va*

Name of Medical Attendant, or other Person who makes this Return *Eliya Cornish*

Address, *51 Flominy Lane near Schroder*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3th

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

COLORADO

3. Date of Birth,

July 7th

4. Place of Birth, (Street and Number)

7th Fulton Alley

5. Full Name of Mother,

Julia Johnson

6. Mother's Maiden Name,

Gipson

7. Mother's Birthplace,

Cass County

8. Full Name of Father,

George Johnson

9. Father's Occupation,

crook

10. Father's Birthplace,

Cass County

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address,

94 Tyson St

Remarks,

RETURN OF A BIRTH ⁸⁷⁴²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth. 7 July

4. Place of Birth, (Street and Number) 140 Lurgeste Street

5. Full Name of Mother, Joana Kuczyńska

6. Mother's Maiden Name, Borowiak

7. Mother's Birthplace, Graudenz Germany

8. Full Name of Father, Georg Borowiak

9. Father's Occupation, _____

10. Father's Birthplace, Lenauville

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Maria Guttner
275 S. Wolfe Street.

Copy of the record of births, deaths, marriages, divorces, and adoptions, as required by law, shall be furnished to any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 7th 1886
4. Place of Birth, (Street and Number) Bolton No 2 Presdman
5. Full Name of Mother, Rebecca Stanforth
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Dorchester county Ind
8. Full Name of Father, David Stanforth
9. Father's Occupation, Carpenter
10. Father's Birthplace, Cambridge Ind
- Name of Medical Attendant, Sarah Collins or other Person who makes this Return.
- Address, _____
- Remarks, _____



RETURN OF A BIRTH 87027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2 1886

4. Place of Birth, (Street and Number) 503 Mc Eldry St

5. Full Name of Mother, Katerina Kulowen

6. Mother's Maiden Name, Katerina Bower

7. Mother's Birthplace, Germany

8. Full Name of Father, Jakob Kulowen

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary K. West

Address, 637 Washington St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

only of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁷⁴²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7th 1886

4. Place of Birth, (Street and Number) 293 St Mount St.

5. Full Name of Mother, Jennie D. Coppedge

6. Mother's Maiden Name, Jennie D. Stiff

7. Mother's Birthplace, Virginia

8. Full Name of Father, John E. Coppedge

9. Father's Occupation, Marine

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return John Pennington, M.D.

Address, 134 St Loansellon Av.

Remarks, _____



RETURN OF A BIRTH 87429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto 7 July 1886

4. Place of Birth, (Street and Number) 58 Abbott St

5. Full Name of Mother, Mary Kalush

6. Mother's Maiden Name, Mary Beran

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jon Kalush

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kephart

Address, 294 Washington St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87430

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 7th 1886

4. Place of Birth (Street and Number)

160 N. Calvert St

5. Full Name of Mother

Catharine M. Duggall

6. Mother's Maiden Name

Mulcahy

7. Mother's Birthplace

Baltimore MD

8. Full Name of Father

Daniel M. Duggall

9. Father's Occupation

House Shoemaker

10. Father's Birthplace

Baltimore MD

Name of Medical Attendant, or other Person who makes this Return.

Dr. Krimley M.D.

Address

115 E. Gay St

Remarks

Sound natural on full term



RETURN OF A BIRTH. 87431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
Color
July 17 1886
161 Howard St
Lucy Morris
Lucy Morgan
Baltimore
Charles Morris
Labor
Baltimore
Schubert's Pharmacy
161 S. Howard St
five dollars

report the birth to the Commissioner of Health, in the manner and within the period above required, and any other person who fails to do so, or who makes a false report, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health in the manner and within the period above required, and pay any license fee for each child. If the child is born in the city of Baltimore, the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

GIVEN NAME ADDED 3-26-1899

RETURN OF A BIRTH. 87432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Richard O. Jessop*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colt*

3. Date of Birth *July 7, 1886*

4. Place of Birth, (Street and Number) *247 Lenox Hill*

5. Full Name of Mother, *Anna b Jessop*

6. Mother's Maiden Name, *Jarrett*

7. Mother's Birthplace, *md*

8. Full Name of Father, *James M Jessop*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *md*

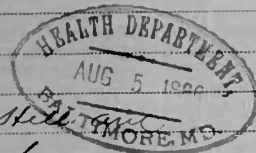
Name of Medical Attendant, or other Person who makes this Return.

G Lane Samphire

Address,

29 Madison ave

Remarks,



report in full to the Commissioner of Health, in the manner herein required, and any such person who fails to do so, or who furnishes false information, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8/86

4. Place of Birth, (Street and Number)

No 237

5. Full Name of Mother,

Caroline Shert

6. Mother's Maiden Name,

Becker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Shert

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

142 S. Washington St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴³⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, July 8/86

4. Place of Birth, (Street and Number) No 189 N. Bond St.

5. Full Name of Mother, Caroline Bartholomai

6. Mother's Maiden Name, Lafre

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Madam Bartholomai

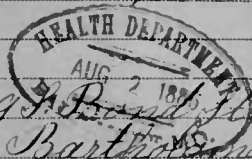
9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Louise Kraft

Address, 142 S. Washington St.

Remarks, _____



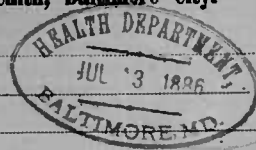
CERTIFICATE CORRECTED 7-12-60
RETURN OF A BIRTH

87435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Rudolph A. Gelmann*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*



1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 8, 1886*
 4. Place of Birth, (Street and Number) *218 Burgunter Alley*
 5. Full Name of Mother, *Elisabeth (Gelmann) Gelmann*
 6. Mother's Maiden Name, *Elisabeth Stranz*
 7. Mother's Birthplace, *Europ*
 8. Full Name of Father, *Albert (Gelmann) Gelmann*
 9. Father's Occupation, *Cabinetmaker*
 10. Father's Birthplace, *Europ*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Bongler*
- Address, *426 Cross St*
- Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense in be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87436

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Col*

3. Date of Birth *July 8 - 1886*

4. Place of Birth (Street and Number) *# 1 Jay Alley*

5. Full Name of Mother *Berdy Lowrie*

6. Mother's Maiden Name *Millers*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return *Mrs Jane L. Gaston*

Address *# 17 Hamilton St*

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

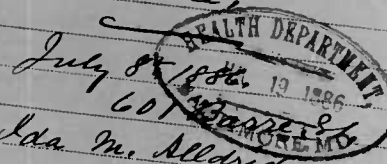
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Ida M. Alldridge

Gimmisman

Balto. City

Albert Alldridge

Brakesman

Howard Co. Ind.

R. J. N. Tall. M.D.

152 Sharp. St.

Report the birth to the Commissioner of Health, in the manner and within the limitations of this section, and any such person or persons who shall hereafter comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 24, 1886

4. Place of Birth, (Street and Number)

601 ~~Sharp~~ St.

5. Full Name of Mother,

Ida M. Alldridge,

6. Mother's Maiden Name,

Zimmerman

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Albert Alldridge,

9. Father's Occupation,

Brakeman,

10. Father's Birthplace,

Howard Co., Md.

Name of Medical Attendant, or other Person who makes this Return,

R. J. N. Tall, M.D.

Address,

152 Sharp, St.

Remarks,

Report is made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

87438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 July

4. Place of Birth, (Street and Number)

551 E. Center St Baltimore

5. Full Name of Mother,

Fannie Kesselring

6. Mother's Maiden Name,

Fannie Forrest

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Kesselring

9. Father's Occupation,

Barrel Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. G. G. G.

Address,

No. 28. H. St. N. W. 1st St. Baltimore

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report be birth to the Commissioner of Health, in the manner and form and under the seal of the health officer, and shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A circular ink stamp from the Health Department of Baltimore, Maryland. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE MD." is curved along the bottom inner edge. In the center, the date "JUL 12 1896" is stamped. A diagonal line crosses the stamp from the bottom left towards the center.

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).....

3. Date of Birth May 8th

4. Place of Birth, (Street and Number) 120 N. Bond

5. Full Name of Mother, Rosa Shields

6. Mother's Maiden Name, " *Arrogin*

7. Mother's Birthplace *Ireland*

8. Full Name of Father, Cornelius Speelds

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 55 Bond St

Remarks,

RETURN OF A BIRTH 87440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

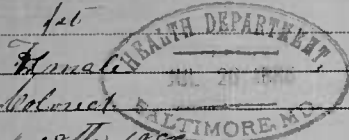
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.



Female

Colored

July 8th 1886

12 Biddle Alley

Ella Foster

Baltimore Md

Samuel Martin

~~John Martin~~ Baltimore Md

Hester Martin

39 Little Monument

RETURN OF A BIRTH 87441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 8th 1884*

4. Place of Birth, (Street and Number) *Chesapeake St. Crofton Park Villa*

5. Full Name of Mother, *Mrs. Ella Sims*

6. Mother's Maiden Name, *Miss Ella Webb*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *Emmanuel Sims*

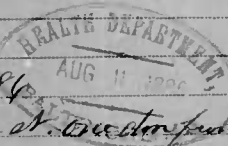
9. Father's Occupation, *Shipwright*

10. Father's Birthplace, *Balto City*

Name of Medical Attendant, or other Person who makes this return, *Mrs. R. A. Taylor*

Address, *65. Burke street*

Remarks, *Formerly Mrs. Garrett*



Report its birth to the County Commissioner of Health, or the Registrar of Births, and if the latter is not a duly sworn person, or person who shall hereafter fail to comply with the provisions of this Act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 8, 1886

4. Place of Birth, (Street and Number) 166 N. Eren St.

5. Full Name of Mother, Emma Teresa Pyer

6. Mother's Maiden Name, " " Busick

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Geo. H. Pyer

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Geo. A. Hartman M.D.

Address, 305 N. Caroline St.

Remarks, _____



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and penalties are recoverable.

GIVEN NAME ADDED 5-13-88
RETURN OF A BIRTH

87443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Howard H. Higgins*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*



1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *7th mo. 8, 1886*
4. Place of Birth, (Street and Number) *77 N. High St.*
5. Full Name of Mother, *Annie M. Higgins*
6. Mother's Maiden Name, *Miller*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Wm R. Higgins*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who make this Return, *Robert M. Matthews M.D.*
- Address, *121 N. Euter St.*
- Remarks, _____

RETURN OF A BIRTH. ⁸⁷⁴⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Ninth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *July 9, 1896*

4. Place of Birth, (Street and Number) *35 S. Paul St.*

5. Full Name of Mother, *Mrs. Lydia Ann Morrow*

6. Mother's Maiden Name, *Miss " Fogelman*

7. Mother's Birthplace, *Cincinnati, Ohio*

8. Full Name of Father, *James Samuel Morrow*

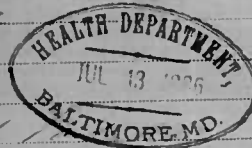
9. Father's Occupation, *Real Estate Broker*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return. *H. G. Lusk M.D.*

Address, *399 E. Pratt St.*

Remarks, *Normal Delivery*



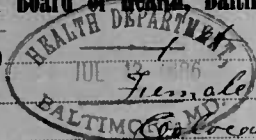
Report the birth to the Commissioner of Health, in the manner and within the period herein required, and if any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8th

4. Place of Birth, (Street and Number)

41. State Street

5. Full Name of Mother,

Henretta Jackson

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

St. Marys County

8. Full Name of Father,

Francis Jackson

9. Father's Occupation,

Labour

Father's Birthplace,

Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return.

Anna Johnson

Address,

97. Jayson St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars and its costs, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars and its costs, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars and its costs.

RETURN OF A BIRTH ⁸⁷¹¹⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Feb 13 1896

4. Place of Birth, (Street and Number)

207 Freedom St

5. Full Name of Mother,

Elizabeth Cruchfield

6. Mother's Maiden Name,

" " " John

7. Mother's Birthplace,

Annapolis county

8. Full Name of Father,

William Cruchfield

9. Father's Occupation,

Labour

10. Father's Birthplace,

Annapolis county

Name of Medical Attendant, or other Person who makes this Return.

James Johnson

Address,

Johnson St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered in other laws and regulations are enforceable.

RETURN OF A BIRTH.

87 447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 8, 1886

872 Barr St.
Emma Handley

Handley Balt^e

Rogers Withrow

Telegraph Operator
Virginia

Sherrawete m. d.

250 Madison ave.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

87448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 8, 1886

4. Place of Birth, (Street and Number)

286 W. Calver St. near
Hawthorne

5. Full Name of Mother,

Hannah E. Thompson

6. Mother's Maiden Name,

Hannah E. Norris

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

H. Abby Thompson

9. Father's Occupation,

Bank Clerk

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

H. J. Morris M.D.

Address,

112 Cathedral St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

2th of July
1308 B and St.

Lizzie King
Kischer

Baltimore

John King
Clerk

Baltimore

Sarah Gasper

72 E Lombard



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

87450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

female
white

July 8th

562 Cross st.

Insin Bell

" Blank

Balto.

William H. Blank

Physician

Balto.

G. L. Borden

166 S. Paca st.



of persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

0

3. Date of Birth,

July 8th 1886

4. Place of Birth, (Street and Number)

1011 S. Union St.

5. Full Name of Mother,

Mary Gellon

6. Mother's Maiden Name,

" French

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Edward Gellon

9. Father's Occupation,

Stone Mason

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return.

Annie Schneider

Address,

N. 45 S. W. 4th St.

Remarks,



For the purpose of this act, the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 8 1886

4. Place of Birth, (Street and Number)

178 Mullickan St

5. Full Name of Mother,

Susan Lee

6. Mother's Maiden Name,

Susan Forester

7. Mother's Birthplace,

Cambridge md

8. Full Name of Father,

William H Lee

9. Father's Occupation,

Labor

10. Father's Birthplace,

Cambridge

Name of Medical Attendant, or other Person who makes this Return.

Susan Morgan

Address,

No 47 N Durham St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 8 - 1886

4. Place of Birth, (Street and Number)

Maternity

5. Full Name of Mother,

Marietta Craft

6. Mother's Maiden Name,

Dr.

7. Mother's Birthplace,

New York

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

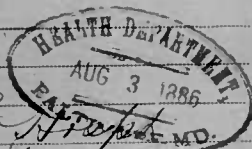
Name of Medical Attendant, or other Person who makes this Return.

Chas. H. Pritchard, M.D.

Address,

Maternity Hosp.

Remarks,



RETURN OF A BIRTH 87454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

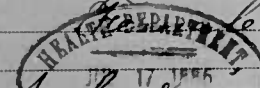
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 8 1886
76 N. Market St.

Katie Koh.

Reiler.

America

John Koh.

Laborer

America.

J. Lohwasser, Midwife.
330 Hanover St

Report of birth to the Registrar of Vital Statistics, Baltimore City, shall be made by the mother or person who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other due and forfeiture are recoverable.

RETURN OF A BIRTH ⁸⁷⁴⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

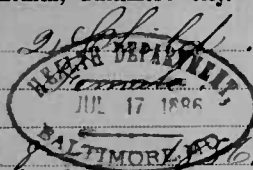
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 8
30 Baltimore St.
Maria Dietrich
Wenger
America
Joe Dietrich
Broom-maker
America

J. Schwager *Midwife*
330 Hanover St.

for each offense to be recovered as other lines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87 456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 8th 1886*

4. Place of Birth, (Street and Number) *144 Ething St*

5. Full Name of Mother, *Mary Johnson*

6. Mother's Maiden Name, *Stewart*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *James Johnson*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, other Person who makes this Return. *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



RETURN OF A BIRTH ⁸⁷⁴⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

8th of July

4. Place of Birth, (Street and Number)

40 S. Bond

5. Full Name of Mother,

Catherine Hutz

6. Mother's Maiden Name,

Short

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Hutz

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



Persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

report in birth in the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



No. 107458

Mary Belt

Mary Knapp

Baltimore

W. H. G. Belt

Salesman

Baltimore

J. J. Andrews

10. 2 Cathedral St.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 87459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Thursday July 8th 1886

4. Place of Birth, (Street and Number) 539 Mulberry St

5. Full Name of Mother, Clara E. Gudel

6. Mother's Maiden Name, Krostwick

7. Mother's Birthplace, Howard County

8. Full Name of Father, Adolph V. Gudel

9. Father's Occupation, Attorney

10. Father's Birthplace, Reading, Pa

Name of Medical Attendant, or other Person who makes this Return

Address, 539 Mulberry St

Remarks,

RETURN OF A BIRTH 87460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9th 1886

4. Place of Birth, (Street and Number)

Low St No 91

5. Full Name of Mother,

Rosa Wimmer

6. Mother's Maiden Name,

" Kloss

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Fred. Wimmer

9. Father's Occupation,

Basket-maker

10. Father's Birthplace,

Germany

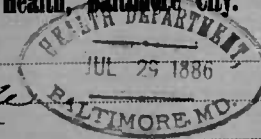
Name of Medical Attendant, or other Person who makes this Return.

Mrs R. W. Wimmer

Address,

48 Hollands St.

Remarks,



Report this birth to the Commissioner of Health, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH.

87461

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Col

3. Date of Birth July 9th 1886

4. Place of Birth (Street and Number) St Paul St #82

5. Full Name of Mother Mrs Jackson

6. Mother's Maiden Name

7. Mother's Birthplace Cambridge Md

8. Full Name of Father Wm Jackson

9. Father's Occupation

10. Father's Birthplace Bath Md

Name of Medical Attendant, or other Person who makes this Return Mrs Jane D. Castor

Address # Hamilton St #17

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1874/62

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1st) first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 9, 1886*

4. Place of Birth, (Street and Number) *367 Franklin St.*

5. Full Name of Mother, *Sara Elizabeth Potter*

6. Mother's Maiden Name, *" " Hockesser*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Charles Harry Potter*

9. Father's Occupation, *Latent*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return

Address, *127 N. Park St.*

Remarks,

RETURN OF A BIRTH

87663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *July 9/16*
 4. Place of Birth, (Street and Number) *150. Fairmount Ave*
 5. Full Name of Mother, *Maggie C. Jarvis.*
 6. Mother's Maiden Name, *" Heall*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles A. Jarvis*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Irving Miller M.D.*
 Address, *179 E. Monument St.*
 Remarks,

report its birth to the Commissioner of Health, in the manner and within the time specified in the regulations, and for persons who shall thereafter fail to comply with the provisions of this law, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first male 1886*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

colored

3. Date of Birth

July 9

4. Place of Birth, (Street and Number)

100 Russell street

5. Full Name of Mother,

Mary Prann

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Walter Prann

9. Father's Occupation,

labor

10. Father's Birthplace,

fair haven

Name of Medical Attendant, or other Person who makes this Return.

Abner Brooks

Address,

210 Warner street between 6th and 7th

Remarks,

doing well



RETURN OF A BIRTH

87468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 6 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 9 July 1886

4. Place of Birth, (Street and Number)

No 12 Grove St

5. Full Name of Mother,

Briget Connolly

6. Mother's Maiden Name,

Briget Kelly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Andrew Connolly

9. Father's Occupation,

Stone mason

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Sauer

Address,

No 173 Harford Ave

Remarks,

Bal. Md.

1886

or persons who shall hereafter fail to comply with the provisions of this section, shall be liable for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 9 of July

4. Place of Birth, (Street and Number)

No 165 E. Stirling St

5. Full Name of Mother,

Maggie Grandy

6. Mother's Maiden Name,

Maggie Schirmer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bernard Grandy

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr C. H. Sauer

Address,

No 173 Harford Ave

Remarks,

Bal. Md.

1886

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall be recorded as other than and forfeitures are recoverable.

RETURN OF A BIRTH 87467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 9 of July 1886*

4. Place of Birth, (Street and Number) *No 8 Hillinger Court*

5. Full Name of Mother, *Maggie Kraus*

6. Mother's Maiden Name, *Maggie Kraus*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Joseph Kraus*

9. Father's Occupation, *Salor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Ch. Lauer*

Address, *No 173 Maryland Ave*

Remarks, *Baltimore Md.*

1886

Report in birth to the Registrar of Vital Statistics, Baltimore City, or persons who shall hereafter fall under the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9, 1886

4. Place of Birth, (Street and Number) 314 Madison Ave

5. Full Name of Mother, Anna R. Brady

6. Mother's Maiden Name, Wells

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M. S. Brady

9. Father's Occupation, Ice Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return D. C. Williams

Address, 201 Madison Ave

Remarks, _____



Duty of the parent or guardian of such child to report its birth to the Registrar of Births, in the manner and within the period above required, except in the cases of illegitimate children, and any person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, as the court may see fit to impose.

report his birth to the Commissioner of Health in the manner and within the period above required, and any such person for every failure to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 July

4. Place of Birth, (Street and Number)

19 Little street st.

5. Full Name of Mother,

Anna Long

6. Mother's Maiden Name,

Anna Schneider

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Long

9. Father's Occupation,

Laber m.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Miss Bange

Address,

426 Cross st.

Remarks,

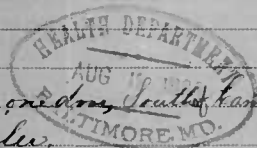
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *July 9th 1886.*
4. Place of Birth, (Street and Number) *Bradford Hlegonsdms, South of Easton.*
5. Full Name of Mother, *Mrs. Mollie Edelin.*
6. Mother's Maiden Name, *Miss Mollie Lee Brun.*
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *Peter Edelin.*
9. Father's Occupation, *Laboree*
10. Father's Birthplace, *State of Pennsylvania.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. R. A. Gyles*
- Address, *# 65 Burke street.*
- Remarks, *formerly Mrs Garsell.*



RETURN OF A BIRTH ¹⁷⁴⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9th 1886

4. Place of Birth, (Street and Number) 231 N. Carey St.

5. Full Name of Mother, Flora May Grauer

6. Mother's Maiden Name, Flora May

7. Mother's Birthplace, New Haven Conn.

8. Full Name of Father, Louis Grauer

9. Father's Occupation, Salesman

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Wm. A. B. Stillman M.D.

Address, 46 W. Biddle St.

Remarks, _____



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except that any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense to be recovered as above directed.

in a case where upon the father, immediately thereafter, he shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9th 1886

4. Place of Birth, (Street and Number)

24 Somerset St.

5. Full Name of Mother,

Lina Fromme

6. Mother's Maiden Name,

Hoffman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Fromme

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

S. H. Seldner M.D.

Address, *S. E. Cor. Caroline & Eager Sts.*

Remarks,



RETURN OF A BIRTH 87473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 9

4. Place of Birth, (Street and Number) Bester St 120

5. Full Name of Mother, Elsie L. Robinson

6. Mother's Maiden Name, Elsie L. Clark

7. Mother's Birthplace, Kewanee, Md.

8. Full Name of Father, William Robinson

9. Father's Occupation, lumber yard

10. Father's Birthplace, Medford, Mo.

Name of Medical Attendant, or other Person who makes this Return.

Address, H. H. Smith, 100

Remarks,

Persons who are required to report a birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

penalty for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 9th 1886*

4. Place of Birth, (Street and Number) *58 Pierce St*

5. Full Name of Mother, *Annie Baker*

6. Mother's Maiden Name, *Ireland*

7. Mother's Birthplace, *Ellicott's City Md.*

8. Full Name of Father, *Burton Baker*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



Printed and sold by the Commissioner of Health, at the printer and will in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

9 July 1886

4. Place of Birth, (Street and Number)

113 Hill street

5. Full Name of Mother,

Mary Young

6. Mother's Maiden Name,

Mary Gault

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henson Young

9. Father's Occupation,

Draman

10. Father's Birthplace,

Calvert County

Name of Medical Attendant, or other Person who makes this Return

Wiley Gross

Address,

181 York street

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period as is required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each address to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14th, 1886

4. Place of Birth, (Street and Number) Alie Ann St. No 218.

5. Full Name of Mother Helene Leubecker

6. Mother's Maiden Name Helene Kuhnert

7. Mother's Birthplace, Erasthausen, W. Prussia, Germany

8. Full Name of Father John C. Leubecker

9. Father's Occupation, Laborer

10. Father's Birthplace, Erasthausen, W. Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and shall be subjected to the fine of ten (10) dollars for each offence to be proved as other laws and ordinances are recitable.

RETURN OF A BIRTH. 87477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *July 9 1886*

4. Place of Birth, (Street and Number) *222 Keyser St.*

5. Full Name of Mother, *Amelia Heller*

6. Mother's Maiden Name, *Dealert*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Robert Heller*

9. Father's Occupation, *Engraver on Glass*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Anna Hillegert*

Address, *122 Monument St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9 - 1886

4. Place of Birth, (Street and Number) Maternity Hospital

5. Full Name of Mother, Mary Delany

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Ireland

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. E. H. Pratt, M.D.

Address, Maternity Hospital

Remarks, —



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 11/3 1880.

113 Cross St.
Minnie Willes.

Sohl

America.

Emil Willes.

Clerk.

America.

J. Lohwager. Midwife.

330 Hanover St.

He is at once to be notified by the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 87450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 10th 1886

4. Place of Birth, (Street and Number)

307 N. Mount St

5. Full Name of Mother,

Susan B. Manning

6. Mother's Maiden Name,

Thornton

7. Mother's Birthplace,

Va

8. Full Name of Father,

Wm C. Manning

9. Father's Occupation,

Cann. Merchant

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address,

Harmon St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10th 1886

4. Place of Birth, (Street and Number) # 1886 N. Pratt

5. Full Name of Mother, Nellie Walden

6. Mother's Maiden Name, Ann Kemp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jno Walden

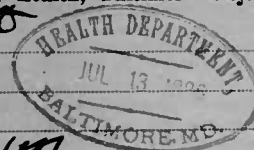
9. Father's Occupation, Auctioneer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, A. J. Smith

Address, 3817 N. Lombard

Remarks,



report its birth, to the Commissioner of Health, in the manner and within the time specified in the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Balto July 13th 1886

1. Sex, (state whether male or female)

Female - Minnie Stoes

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Balto July 10th 1886

4. Place of Birth, (Street and Number)

342 Eastern Ave.

5. Full Name of Mother,

Matie Stoes

6. Mother's Maiden Name,

Matie Trautman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Stoes

9. Father's Occupation,

Cigar Manufacturer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Mary Amend

Address,

137 South Wolfe St.

Remarks,

OK



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child ~~1~~ Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

July 10th 1886

No. 14. Dover Street

Catherine McIntyre

" Crocker

Baltimore County

Patrick McIntyre

Boiler Maker

Baltimore M.D.

Walter A. Suback



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was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

RETURN OF A BIRTH.

87484

to the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



ther (state whether 1st, 2d, 3d, &c.) 8

(Male or Female)

Formale -

if not of the white race)

White

July 10th 86

Street and Number)

S. polidori Shrub

Mother

111122210

Name _____

— Alfred Garfield

ace

Ireland

Father

Richard Rogers

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Price

Feb 17 1881

al Attendant, or other Person who makes this Return.

Henry David

4 Webster - Frank

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*
1. Sex, (state whether male or female) *Female Child.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth. *16 July*
4. Place of Birth, (Street and Number) *Tenney Street, N.Y.C.*
5. Full Name of Mother, *Lizzi Challet*
6. Mother's Maiden Name, *Lizzi Gerkey*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Robert Challet*
9. Father's Occupation, *Carver.*
10. Father's Birthplace, *Baltimore, Md.*
Name of Medical Attendant, or other Person who makes this Return. *Lizzi Schaeffer*
Address, *1111 N. 1st Street*
Remarks, *Joint*

RETURN OF A BIRTH ⁸⁷⁴⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *8-9*

1. Sex, (state whether male or female) *Male and female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *10 July*

4. Place of Birth, (Street and Number) *10 Cannon St.*

5. Full Name of Mother, *Loris Siefers*

6. Mother's Maiden Name, *= Balen*

7. Mother's Birthplace, *Emden Hannover*

8. Full Name of Father, *Nicolaus Siefers*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Denmark*

Name of Medical Attendant, or other Person who makes this return *Mrs. G. Weiss*

Address, *424 Lancaster St.*

Remarks,



See instructions upon the subject of marriage, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be liable to a fine of ten (10) dollars.

No. of Child of Mother. *10*

or Color. *W*

July 10

of Birth, *552 McHenry St*

Name of Mother, *Mary Dugan*

her Maiden Name, *11 Morrissey*

her's Birthplace, *Ireland*

Name of Father, *Patrick Dugan*

her's Occupation, *Laborer*

her's Birthplace, *Ireland*

552 McHenry St

112 Scott St

N OF A BIRTH *87487*

f Vital Statistics, Board of Health, Baltimore City.

her 1st, 2d, 3d, &c.) *10*

le) *Male*

(race) *White*

July 10 1886

(number) *552 McHenry St*

Mary Dugan

Mary Morrissey

Ireland

Patrick Dugan

Laborer

Ireland

other Person who
makes this return.



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was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

Report the birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10 1886

4. Place of Birth, (Street and Number) 4 Mc Eldery St.

5. Full Name of Mother, Mary

6. Mother's Maiden Name, Moran

7. Mother's Birthplace, Ireland

8. Full Name of Father, Luke Cox

9. Father's Occupation, Farmer

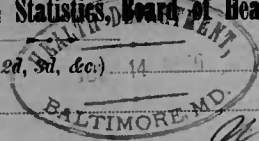
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Dr. C. A. ...

Address, ...

Remarks, ...

1886



person
(10)
dollars
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be
subjected
to
the
fine
of
ten
(10)
dollars
for
each
offense
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recovered
as
other
fines
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are
recoverable.
the
period
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any
such
person
or
persons
who
shall
hereafter
fail
to
comply
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the
provisions
of
this
section,
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each
offense
to
be
recovered
as
other
fines
and
forfeitures
are
recoverable.

RETURN OF A BIRTH 87490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 10. 1886

4. Place of Birth, (Street and Number)

12 Penn. St

5. Full Name of Mother,

Mrs Thos W Fuller

6. Mother's Maiden Name,

Annie Bauer

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Thos W Fuller

9. Father's Occupation,

Shipping clerk

10. Father's Birthplace,

Balto Md

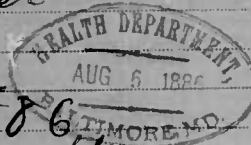
Name of Medical Attendant, or other Person who makes this Return.

Mrs Dumbler

Address,

60 North Howard St,

Remarks,



RETURN OF A BIRTH

87491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 10th 1886

4. Place of Birth, (Street and Number)

44 E. Lexington

5. Full Name of Mother,

Elizabeth Williams

6. Mother's Maiden Name,

Wise

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles E. Williams

9. Father's Occupation,

Scroll sawer

10. Father's Birthplace,

Howard County, Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Schaefer

Address,

60 North Schaefer St.

Remarks,



RETURN OF A BIRTH 87442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10th 1886

4. Place of Birth, (Street and Number) 118 N. Bay

5. Full Name of Mother, Lanna Sutton

6. Mother's Maiden Name, Kingston

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Morris Sutton

9. Father's Occupation, Restaurant

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Ulling

Address, 48 Hollander St

Remarks,



Be it enacted, that any person who fails to report the birth of a child, or the death of a person, or any other event, as required by law, shall be liable to a fine of ten dollars for each offense.

Be in attendance upon the mother, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *July 10 - '86*

4. Place of Birth, (Street and Number) *Maternity Hosp*

5. Full Name of Mother, *Maryanne*

6. Mother's Maiden Name, *Dr.*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other Person who makes this Return.

Chas. H. Drotter M.D.

Address, *Maternity Hosp*

Remarks, *—*



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was received in the same
condition and microfilmed
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assure legibility and com-
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should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the birth and death of illegitimate children, and in many instances such report may be made by the physician or persons who have been authorized to receive such reports. If such officer fail to comply with the provisions of this section shall be subject to a fine of ten dollars. If such officer be a physician, such offense may be recovered as other offenses under this act, and the provisions of this section shall be applicable to such cases.

ATTN: PRINTING AND BINDING

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person neglecting to do so, shall be liable to a fine of ten dollars, or imprisonment for not more than ten days, or both, at the discretion of the Court, and the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 87495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 10th July 1886

4. Place of Birth, (Street and Number) Elizabeths Elm No 57

5. Full Name of Mother, Karoline Klein

6. Mother's Maiden Name, Rade

7. Mother's Birthplace, Germany

8. Full Name of Father, Wilhelm Klein

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Elizabeths Elm No 5 Karoline Schweg

Remarks,



RETURN OF A BIRTH 87496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Saturday July 10th*

4. Place of Birth, (Street and Number) *292 Balng*

5. Full Name of Mother, *Margaret Jackson*

6. Mother's Maiden Name, *Margaret West*

7. Mother's Birthplace, *St Marys County*

8. Full Name of Father, *Joseph Jackson*

9. Father's Occupation, *Brickmaker*

10. Father's Birthplace, *St Marys County*

Name of Medical Attendant, or other Person who makes this Return, *Jane Butler*

Address, *119 Carlton St Balor Md.*

Remarks,



In attendance upon the mother, immediately after her delivery, in the morning, and at the time of the birth of the child, the Registrar of Vital Statistics, or persons who shall hereafter all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other than the courts of Baltimore.

RETURN OF A BIRTH 87497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 10th 1886*
4. Place of Birth, (Street and Number) *12. Bartlett St. S*
5. Full Name of Mother, *Elisabetha Mary Maylius.*
6. Mother's Maiden Name, *Elisabetha M. Herrmann.*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Geo. John Maylius.*
9. Father's Occupation, *Show case maker.*
10. Father's Birthplace, *Frankfort on the main Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*
- Address, *21 N. Pappellton St*
- Remarks,



RETURN OF A BIRTH 87498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 64

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 10/14

4. Place of Birth, (Street and Number) 10 Myrtle Ave

5. Full Name of Mother, Laura V Mills

6. Mother's Maiden Name, Winter

7. Mother's Birthplace, Manchester Conn Co Ind

8. Full Name of Father, Jas B Mills

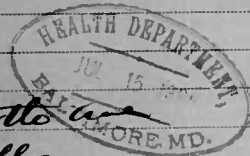
9. Father's Occupation, Weigh Master B. & O. R. R. & Co

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, H. L. Spearman

Address, 387 W. Lombard St

Remarks,



in accordance with the provisions of the Act of March 1, 1901, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁴⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

July 12 - 1886

4. Place of Birth, (Street and Number)

20 Cambridge St. MD.

5. Full Name of Mother

Emma Callan

6. Mother's Maiden Name

Gray

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edward Callan

9. Father's Occupation

Cannemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah J. Harrington

Address

20 Cambridge St. MD.

Remarks

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the medical attendant to report the birth of the child, in the manner, and at the time, prescribed by the laws of this State, and the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to sign and file with the Registrar of Vital Statistics a statement of the name, sex, and date of birth of the child, and the name of the mother, and the name of the father, and the name of the place of birth, and the name of the place of residence, and the name of the person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for such offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁷⁵⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10th 1886

4. Place of Birth, (Street and Number) 62 Cross st

5. Full Name of Mother, Julia Malley

6. Mother's Maiden Name, Gore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Levi Malley

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mary E. Bentley

or other Person who makes this Return

Address, 277 South Race st

Remarks, Child Scurvy



RETURN OF A BIRTH. 87501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) wht

3. Date of Birth July 10 - 1886

4. Place of Birth, (Street and Number) 210 Harlem ave

5. Full Name of Mother, Mary S. Brown

6. Mother's Maiden Name, " " Wright

7. Mother's Birthplace, Md

8. Full Name of Father, Oliver P. Brown

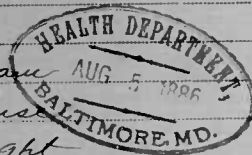
9. Father's Occupation, cabinet maker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, C. Lane Parryhill

Address, 219 Madison ave

Remarks,



be in attendance upon the mother, immediately thereafter, it is all lawful, the day of the person or persons of such child, to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks.

3-21

77190

Commit

July 10. 1856. J. S. GIMORE, MD.

411 N. Central Ave

Summa C. Fitzpatrick

" " O'Connor

Bath. ind

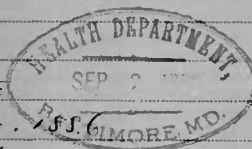
Edward R. Fitzpatrick

Butcher

Page 2nd

Geo. A. Hartman M.D.

305 'McCarline St.



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be levied, and no other fines and forfeitures are recoverable.

every birth to the Commissioner of Health, in the manner and within the time specified above, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 (ten dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

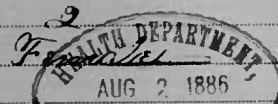
RETURN OF A BIRTH 87503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

11th of July
1886

4. Place of Birth, (Street and Number)

11 Front St.

5. Full Name of Mother,

Letta Marypo
Miller

6. Mother's Maiden Name,

America

7. Mother's Birthplace,

8. Full Name of Father,

Sam Marypo
Laborer

9. Father's Occupation,

America

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Sarah Cooper

Address,

12 E. Lombard St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. ⁸⁷⁵⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7th

Mah.

Phil.

July 11: 1886

259. *Hippocampus*

Nate Soben

Derrigan

Philadelphia

William S. S. S.

Paper Carrier

Best

C. L. Williams

201 Madison Ave

Remarks.



LIFE HISTORY AND STATIONING.

RETURN OF A BIRTH 87505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

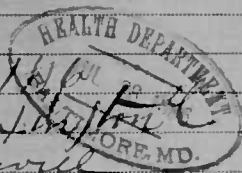
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st
July 11, 1891
562
Reborah Powell
Hudson
Baltimore
James Powell
Truckster
Baltimore, Md.
Salesperson
307 W. Lombard St.
Dr. J. L. Pier

to be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child.*

1. Sex, (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *11th of July 1886*

4. Place of Birth, (Street and Number) *410 East Orleans street*

5. Full Name of Mother, *Lizzie Bass*

6. Mother's Maiden Name, *Lizzie Dounce.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Harry Dounce*

9. Father's Occupation, *Iron moulder.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *11 North Chapel St. per Justina Kunkel.*

Remarks, *Healthy.*



Any person who neglects to report the birth of a child, or the death of a person, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH

87507

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 11, 1896

4. Place of Birth, (Street and Number)

180 St. Gallon St

5. Full Name of Mother,

Mary Jda Kaeler

6. Mother's Maiden Name,

Mary Jda Ditzel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Conrad Kaeler

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Louise Smith

Address,

Remarks,

Child's Name Caroline Kaeler

RETURN OF A BIRTH 87508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

Sex, (state whether ~~male~~ or female).

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July the 11. 1886*

4. Place of Birth, (Street and Number) *beside in Genl Lancaster St. no number*

5. Full Name of Mother, *John Burns*

6. Mother's Maiden Name, *John Smith*

7. Mother's Birthplace, *Baldp City*

8. Full Name of Father, *Andrew Burns*

9. Father's Occupation, *Tavern Keeper*

10. Father's Birthplace, *Baldp City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *N. Dallas St. No 26.*

Remarks,



No. of Child of Mother, 2

Color, 12

July 11th

Birth, 22 Ramsey St

name of Mother, Laura Donohue

s Maiden Name, Laura Ryan

s Birthplace, Baltimore

time of Father, James Donohue

Occupation, Woodman

s Birthplace, Ireland

No Ramsey

2 Cott St

7

CERTIFICATE OF A BIRTH 87509

of Vital Statistics, Board of Health, Baltimore City.

whether 1st, 2d, 3d, &c.) 2 5

female) Male

white race) White

July 11th 1886

number) 32 Ramsey St

Laura Donohue

Laura Ryan

Baltimore

James Donohue

Woodman

Ireland

other Person who takes this return.



RETURN OF A BIRTH.

87510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth (4th)*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

Sunday July 11th 1896

4. Place of Birth, (Street and Number)

19 Hillen St.

5. Full Name of Mother,

Susan Williams

6. Mother's Maiden Name,

Susan Simms

7. Mother's Birthplace,

Annapolis Md

8. Full Name of Father,

Harman Williams

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return.

Elmer M. H.

Address,

On Park An & Mulberry St

Remarks,

*Balw
md*

for each office to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ^{8/5/11}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11, 1886

4. Place of Birth, (Street and Number) George & Schroeder St.

5. Full Name of Mother, Annie Virginia Chatterton

6. Mother's Maiden Name, Hughes

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Chatterton

9. Father's Occupation, Merchant

10. Father's Birthplace, New York City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloch St.

Remarks, Child dead born



Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁷⁵¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 11 - 1886.

4. Place of Birth, (Street and Number)

154 West St.

5. Full Name of Mother,

Rosine Gehrat.

6. Mother's Maiden Name,

Gehrat.

7. Mother's Birthplace,

America.

8. Full Name of Father,

John Gehrat.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser Midwife.

Address,

330 Hanover St.

Remarks,

for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH ^{875 13}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th. of July

4. Place of Birth, (Street and Number) 134 Hanover St

5. Full Name of Mother, Laura Harvey

6. Mother's Maiden Name, Laura Ward

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jasper Harvey

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Conway

Address, ...

Remarks, ...



Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁷⁵¹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 11th

4. Place of Birth, (Street and Number)

316. West Pratt St

5. Full Name of Mother,

Annie M. Fornaess

6. Mother's Maiden Name,

Annie M. Schuler

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thomas J. Fornaess

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Klefer

Address,

St Columbia av

Remarks,



RETURN OF A BIRTH.

87515

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth July 11. 86 40 Emsworth
4. Place of Birth (Street and Number) 110 Emsworth
5. Full Name of Mother Josephine Elizabeth Walker
6. Mother's Maiden Name Josephine Elizabeth Angell
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Joshua H. W. Walker
9. Father's Occupation Clerk
Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Dr. Boyd Lytle M.D.
Address 1980 Ararat St.
Remarks

RETURN OF A BIRTH

87516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17



4. Place of Birth, (Street and Number)

92

S. Washington St.

5. Full Name of Mother,

Minnie Evans

6. Mother's Maiden Name,

Rempe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Evans

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louise Kraft

Address,

N 142 S Washington St.

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 875'7

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Monday July 12th 1886*

4. Place of Birth, (Street and Number) *1130 Frederick Ave.*

5. Full Name of Mother *Eliza Nash*

6. Mother's Maiden Name *Eliza Gents*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Adam Nash*


9. Father's Occupation *Goldsmith*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Catherine Poll.*

Address *1157 Bentons St*

Remarks



RETURN OF A BIRTH. 87518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 12-1886

4. Place of Birth, (Street and Number)

54 S. Eden Str.

5. Full Name of Mother,

Rachel Goldstein

6. Mother's Maiden Name,

Rachel Goldnerchen

7. Mother's Birthplace,

Russian Poland

8. Full Name of Father,

Israh Goldstein

9. Father's Occupation,

Operator

10. Father's Birthplace,

Russian Poland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Joseph Levi

Address,

46 S. Caroline Street

Remarks,

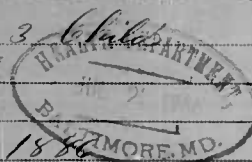


Persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of \$100, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 12 1886

4. Place of Birth, (Street and Number)

54 S. Duncan Alley

5. Full Name of Mother,

Sophia H. Schimminger

6. Mother's Maiden Name,

Sophia Jung

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph L. Schimminger

9. Father's Occupation,

Carman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr. Wiley

Address,

30 Patterson Park Ave.

Remarks,

For ease of use to be recovered as other files and certificates are recoverable.

RETURN OF A BIRTH 87520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 12th

4. Place of Birth, (Street and Number) 54 Marlborough Street

5. Full Name of Mother, Anna Elsa Rasch.

6. Mother's Maiden Name, Anna Elsa Heilmann

7. Mother's Birthplace, Berlin (Prussian)

8. Full Name of Father, Johannes, Felix, Arthur, Alexander Rasch

9. Father's Occupation, Clerk

10. Father's Birthplace, Leipzig (Saxony)

Name of Medical Attendant, or other Person who makes this Return. Chas. Baige

Address, 426 Cross St

Remarks,



For each infant to be recovered as other lines and figures are recoverable.

RETURN OF A BIRTH 87521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 12th 1886

4. Place of Birth, (Street and Number) 55 Forest Place.

5. Full Name of Mother, Maggie Phillips

6. Mother's Maiden Name, Maggie Smoghen

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Phillips

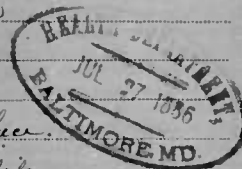
9. Father's Occupation, N. C. R. R. Employee

10. Father's Birthplace, Balt. Co. Md

Name of Medical Attendant, or other Person who makes this Return, William Boniston M.D.

Address, Chas St. & Forest Place

Remarks,



RETURN OF A BIRTH

87522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 12th 1886

4. Place of Birth, (Street and Number)

242 Covington Avenue

5. Full Name of Mother,

Mrs Mary M. C. Donough

6. Mother's Maiden Name,

Miss Mary Hanlon

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick M. C. Donough

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs R. A. Gyle

Address,

1000 N. G. Smith

Remarks,

11. 65 Blake Street



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{Wife to July 12 1886.} 7⁵

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Balt. July 12 1886*

4. Place of Birth, (Street and Number) *7 Cambridge St*

5. Full Name of Mother, *Frederika Therman*

6. Mother's Maiden Name, *Frederika Walchen*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Therman*

9. Father's Occupation, *Ship Chandler*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Amend*

Address, *137 South Wall St.*

Remarks, *11*



For each offense to be recovered as other laws and ordinances are necessary.

RETURN OF A BIRTH 87524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 July 1885

4. Place of Birth, (Street and Number) 808 Barclay st

5. Full Name of Mother, Christina Brother

6. Mother's Maiden Name, Christina Hallen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Brother

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Sarah Sullivan

Address, 104 Barclay st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH ⁸⁷⁵²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *July 12th*

Place of Birth, (Street and Number) *70 N. Ann. St.*

Full Name of Mother, *Florida Hall*

Mother's Maiden Name, *Florida Johnson*

Mother's Birthplace, *Fredrick Co.*

Full Name of Father, *James P. Hall*

Father's Occupation, *Car. Maker*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Glasgow*

Address, *N. Elderby Street extended.*

Remarks, *as well as can be expected.*



within the period above required, except in the cases of this birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

875 26

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth July 12/1886

4. Place of Birth (Street and Number) 213 Battery ave

5. Full Name of Mother Caroline Vogelgesang

6. Mother's Maiden Name Caroline Dimmick

7. Mother's Birthplace Baltimore

8. Full Name of Father George Vogelgesang

9. Father's Occupation Planer

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return, Annie O'ash

Address

Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 87527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 July 1886

4. Place of Birth, (Street and Number)

176 Chase St.

5. Full Name of Mother,

Elisa Dreller

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

John Dreller

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 87528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 12th 1886*

4. Place of Birth, (Street and Number) *355 N. Mount St.*

5. Full Name of Mother, *Mary Johnson*

6. Mother's Maiden Name, *Mary Parlett*

7. Mother's Birthplace, *Balto - Md*

8. Full Name of Father, *Thomas E. Johnson*

9. Father's Occupation, *Foreman*

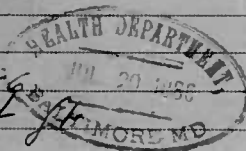
10. Father's Birthplace, *Petersburg Va.*

Name of Medical Attendant, or other Person who makes this Return. *Susan Huntz*

Address, *21 N. Poppleton St.*

Remarks,

for each offense to be recovered as other fees and forfeitures are recoverable.



RETURN OF A BIRTH 87529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Monday July 12th 86
 4. Place of Birth, (Street and Number) # 3 Maesche street
 5. Full Name of Mother, Emma Sophia Mason
 6. Mother's Maiden Name, Emma S. Burgess
 7. Mother's Birthplace, Chesnut st. Balto. Md.
 8. Full Name of Father, Chas B. P. Mason
 9. Father's Occupation, Provision Dealer
 10. Father's Birthplace, Cor. Front st. & Balto. Balto. Md.
 Name of Medical Attendant, or other Person who makes this Return Mrs. Charity Jones (Nurse)
 Address, 79 Hargrove Alley
 Remarks, X X X

RETURN OF A BIRTH 87530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 12th 1886*

4. Place of Birth, (Street and Number) *614 St. Livingston*

5. Full Name of Mother, *Emma Ellis*

6. Mother's Maiden Name, *Emma Vogel*

7. Mother's Birthplace, *Massachusetts*

8. Full Name of Father, *Ephraim Ellis*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Massachusetts*

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Amos F. Hill M.D.

17 N. Calhoun St.



RETURN OF A BIRTH ⁸⁷⁵³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 12, 1886*

4. Place of Birth, (Street and Number) *111 Pine St.*

5. Full Name of Mother, *Mary Cromwell*

6. Mother's Maiden Name, *Sullivan*

7. Mother's Birthplace, *Racks*

8. Full Name of Father, *Alex. Cromwell*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *Racks*

11. Name of Medical Attendant, or other Person who makes this Return. *H. M. Wilson & M.*

Address, *251 Madison Ave.*

Remarks,

for each office to be recovered as other lines and figures are recoverable.

RETURN OF A BIRTH. 17532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *July 12th 1886*

4. Place of Birth, (Street and Number) *6 Hubbard Alley*

5. Full Name of Mother, *Ella Kelley*

6. Mother's Maiden Name, *" Mulgrew*

7. Mother's Birthplace, *Balto Md.*

8. Full Name of Father, *Michael Kelley*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Lena Muller*

Address, *112 E Monument St*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, or for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁷⁵³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

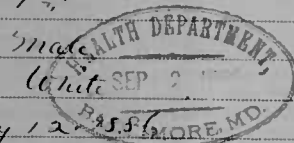
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. _____

Address, _____

Remarks, _____



July 12, 1887

326 N. Gay St.

Mary Virginia Taylor

" " Killaway

Virginia

Geo. E. Taylor

Oral - butcher

Balt. Md.

Geo. A. Hartman M.D.

305 N. Carolina St.

RETURN OF A BIRTH 87534

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

12 July, 1886

Place of Birth, (Street and Number)

157 N. Fulton St

Full Name of Mother,

Lizzie F. Nusbaum

Mother's Maiden Name,

Spedden

Mother's Birthplace,

Dorchester Co. Md

Full Name of Father,

Jacob R. Nusbaum

Father's Occupation,

Wholesale Notion Dealer

Father's Birthplace,

Ford Co. Md

No. of Medical Attendant, or other Person who makes this Return

John Ford

Address,

284 W. Fayette St

Remarks,

RETURN OF A BIRTH 87535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 13/86

4. Place of Birth, (Street and Number)

No 10 Catonsville Dr

5. Full Name of Mother,

Mary Schmidt

6. Mother's Maiden Name,

Webster

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Charles Schmidt

9. Father's Occupation,

Sea Captain

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louise Kraft

Address,

142 S. Washington St.

Remarks,

of persons who shall receive of said Registrar a certificate of birth for each child to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH 89536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10 1886

4. Place of Birth, (Street and Number) 39 Wagon

5. Full Name of Mother, Maria J. Williams

6. Mother's Maiden Name, " J. Williams

7. Mother's Birthplace, Maryland

8. Full Name of Father, J. B. Williams

9. Father's Occupation, Laborer

10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return, Thos. J. Coker

Address, 146 Thos. J. Coker

Remarks,



RETURN OF A BIRTH 8/5.37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 13/1888*

4. Place of Birth, (Street and Number) *225 N. Broadway*

5. Full Name of Mother, *Mary E. Murray*

6. Mother's Maiden Name, *"J." Conroy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Murray*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other Person who makes this Return *Frederick C. Cook*

Address, *146 N. Broadway*

Remarks,



For each offense to be recovered as other lines and forfeitures are recovered.

RETURN OF A BIRTH

87538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

Black

4. Date of Birth,

July 13th 1886

5. Place of Birth, (Street and Number)

Bradford Alley

6. Full Name of Mother,

Louisa Smith

7. Mother's Maiden Name,

Louise Williams

8. Mother's Birthplace,

Annapolis, Md.

9. Full Name of Father,

Wm. W. Smith

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Anne Arundel Co.

12. Name of Medical Attendant, or other Person who makes this Return

Chas B. Fieger M.D.

Address,

282 N. Broadway

Remarks,

RETURN OF A BIRTH 87539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 13.

4. Place of Birth, (Street and Number)

20

5. Full Name of Mother,

Mrs. Clara Bonnich

6. Mother's Maiden Name,

Helm

7. Mother's Birthplace,

Barossa Germany

8. Full Name of Father,

Max Bonnich

9. Father's Occupation,

As Carver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Chas. N. Heller

Address,

Remarks,

Persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of not more than \$100, or imprisonment for not more than 30 days, or both, at the discretion of the court.

Missing 87540

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 875211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 13th 1880

4. Place of Birth, (Street and Number)

180 Durham St South

5. Full Name of Mother,

Mary Bowling

6. Mother's Maiden Name,

Snow

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

William J Bowling

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Balt City

Name of Medical Attendant, or other Person who makes this Return,

Mrs H Knowles

Address,

114 S Bond St.

Remarks,



RETURN OF A BIRTH 87542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 13th*

4. Place of Birth, (Street and Number) *15 George St*

5. Full Name of Mother, *Sonia Vnuff*

6. Mother's Maiden Name, *Vnuff*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas. Vnuff*

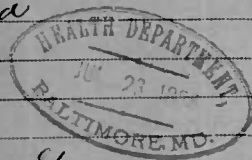
9. Father's Occupation, *Genl*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other Person who makes this Return, *Mr. Dr. J. H. L. L. L.*

Address, *No. 28. A. L. L. L. L. L.*

Remarks, *M.D.*



or person who shall receive, for each office to be recovered as other and forfeitures are recoverable.

Missing #87543

RETURN OF A BIRTH ⁸⁷⁶⁷⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 13/86*
4. Place of Birth, (Street and Number) *# 79 S. Bond St.*
5. Full Name of Mother, *Mary Rea*
6. Mother's Maiden Name, *Kennelly*
7. Mother's Birthplace, *Balto. City*
8. Full Name of Father, *John Rea*
9. Father's Occupation, *Gas Meter Inspector*
10. Father's Birthplace, *Balto. City*
Name of Medical Attendant, or other Person who makes this Return, *Rev. Mansfield M.D.*
Address, *508 Broadway*
Remarks,



or persons who have been convicted of any offense for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

87625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex. (state whether male or female)

Race or Color. (if not of the white race)

Date of Birth.

Place of Birth. (Street and Number)

Full Name of Mother.

Mother's Maiden Name.

Mother's Birthplace.

Full Name of Father.

Father's Occupation.

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

~~Child~~
Male



July 13th 1886
118 Mc Kim St.
Sarah A Shaffer
Sarah A Roth
Maryland
Richard M Shaffer
Messenger on Rail Road
West Virginia
Samuel J. Powell MD
429 Asquith Street

RETURN OF A BIRTH ⁸⁷⁵⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13, 1886

4. Place of Birth, (Street and Number) 212 Howard st

5. Full Name of Mother, Elizabeth - O'Connor

6. Mother's Maiden Name, Elizabeth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Timothy J. O'Connor

9. Father's Occupation, Salesman

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return, William Leck

Address, Easton & Hoffman

Remarks, _____



report its birth to the Commissioner of Health, or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other dues and forfeitures are recoverable.

Report the birth to the Registrar of Vital Statistics, Baltimore City, or return who shall hereafter fail to comply with the provisions of this section, shall be subjected in law to the same penalties as for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

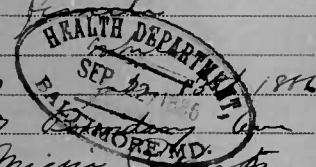
GIVEN NAME ADDED 2-5-58

87547

Myrtle E. Toise Roberts

July 13, 1886

367



Maggie

Baltimore

Joseph Roberts

Clerk

Baltimore

M. B. Billington

228 E. Pratt

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

(87548)

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 13 1886

4. Place of Birth, (Street and Number)

226 N. Carey St

5. Full Name of Mother,

Rosa Cohen

6. Mother's Maiden Name,

Rosa Nelson

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Henry Cohen

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Buenos Ayres City

Name of Medical Attendant, or other Person who makes this Return

A. B. Jacob 142

Address,

Remarks,

Birth of the parent or parents of the child, except in the cases of the illegitimate children, and any person or persons who have been convicted of any crime, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 84549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 9th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Thursday the 13th of July*

4. Place of Birth, (Street and Number) *No 84 Leadenhall St.*

5. Full Name of Mother, *Katie Schwenm*

6. Mother's Maiden Name, *Katie ~~St~~ Gardner*

7. Mother's Birthplace, *Homburg Pfalz Germania*

8. Full Name of Father, *Christian Schwenm*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Homburg Pfalz Germania*

11. Name of Medical Attendant, or other Person who makes this Return, *Wm. Munch*

Address, *1 Leadenhall St.*

Remarks,



or persons who shall furnish false information for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 13^d 1886*

4. Place of Birth, (Street and Number) *563 S. Sharp St.*

5. Full Name of Mother, *Ellenora Kolmaier*

6. Mother's Maiden Name, *Ellenora Hirsch*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Barbar Kolmaier*

9. Father's Occupation, *Stone mason*

10. Father's Birthplace, *Balto Md.*

11. Name of Medical Attendant, or other Person who makes this Return, *Miss Munch*

Address, *1 Leadenhall St.*

Remarks,



or persons who shall hereafter fail to supply the same, shall be liable to a fine of \$10 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 87551

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) ~~negro~~ race

3. Date of Birth July 13th 1886

4. Place of Birth, (Street and Number) 103 Duncan Alley

5. Full Name of Mother Catherine Palmer

6. Mother's Maiden Name Catherine Anderson

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Edward Palmer

9. Father's Occupation Driver

10. Father's Birthplace Talb. & County, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Smith

Address 911 North Street

Remarks Mother and child so well



RETURN OF A BIRTH 87552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 of July*

4. Place of Birth, (Street and Number) *50 Rose St.*

5. Full Name of Mother, *Katherine Lipke*

6. Mother's Maiden Name, *= Rummel*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *John Lipke*

9. Father's Occupation, *Labeler*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this return. *Mrs E. Weiss*

Address, *424 Lancaster St.*

Remarks,



for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁷⁰⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13-1886

4. Place of Birth, (Street and Number) 225 Lammale St.

5. Full Name of Mother, Fanny L. Harknell

6. Mother's Maiden Name, McAfee

7. Mother's Birthplace, York, Pa.

8. Full Name of Father, Jas L. Harknell

9. Father's Occupation, B & O. Employment

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer and

Address, 68 McCulloch St

Remarks.



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 87554

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.).. *fourth*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *13. 11. of July*
4. Place of Birth, (Street and Number) *Box of 95. Park. Avenue.*
5. Full Name of Mother, *Hen. Magdalen. Sars.*
6. Mother's Maiden Name, *Bernhart.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Louis. Emari. William. Sars.*
9. Father's Occupation, *Driver.*
10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who
makes this return

Address,

Remarks,



RETURN OF A BIRTH 87555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 13th*

4. Place of Birth, (Street and Number) *688 W. Pratt St*

5. Full Name of Mother, *Mary Hawkins*

6. Mother's Maiden Name, *Mary Gibbs*

7. Mother's Birthplace, *Dublin, Ireland*

8. Full Name of Father, *John Hawkins*

9. Father's Occupation, *Cabinet Maker*

10. Father's Birthplace, *Baltimore City Md*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Hunter*

Address, *21 W. Poppleton St*

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

Sex, (state whether male or female)

Male Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th July 1886

4. Place of Birth, (Street and Number)

96 S. High St.

5. Full Name of Mother,

Maggie Willet

6. Mother's Maiden Name,

Ricker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Willet

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard St.

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *14 July*

4. Place of Birth, (Street and Number) *Belair Road*

5. Full Name of Mother, *Agnes Siller*

6. Mother's Maiden Name, *Agnes Siller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Abel*

9. Father's Occupation, *Gardner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Report, *A. L. Gage*

Address, *361 N. B. Way*

Remarks, *at 7 1/2 months*



or persons who shall register in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 th*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *July 14*

Place of Birth, (Street and Number) *165 E. Madison*

Full Name of Mother, *Mary E. Vannant*

Mother's Maiden Name, *Mary E. Smith*

Mother's Birthplace, *London N.Y.*

Full Name of Father, *Wm. H. Vannant*

Father's Occupation, *Shoe maker*

Father's Birthplace, *London N.Y.*

Name of Medical Attendant, or other Person who makes this Return, *Daniel V. Moynihan*

Address, *192 Annapolis St.*

Remarks, *This was a case of twins - both boys*



for each offense to be recovered as other laws and ordinances are recoverable.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 87559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13 1886

4. Place of Birth, (Street and Number) 760 E. Madison St.

5. Full Name of Mother, Lusie C. Rockling

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, George Z. Wilson

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Annie Green

Address, 634 Light St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

July 14, 1886

4. Place of Birth, (Street and Number)

121 Saratoga St.

5. Full Name of Mother,

Annie Heigman

6. Mother's Maiden Name,

Hachner

7. Mother's Birthplace,

Baker Md.

8. Full Name of Father,

Mr. H. Heigman

9. Father's Occupation,

Barkeeper

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address, #5 Walker St. Baltimore Md.

Remarks,

Miller



RETURN OF A BIRTH 87561

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

July 14th 1886

Place of Birth, (Street and Number)

261 Whatecoat St.

Full Name of Mother,

Gertrude E. Lynch

Mother's Maiden Name,

" " Schreiber

Mother's Birthplace,

Balt City

Full Name of Father,

John Robt. Lee Lynch

Father's Occupation,

Plasterer

Father's Birthplace,

Balt City

Name of Medical Attendant, or other Person who makes this Return

Chas. B. Lugin

Address,

212 N. Broadway

Remarks,

RETURN OF A BIRTH.

87562

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White.

3. Date of Birth

July 14th 1887

4. Place of Birth (Street and Number)

403 S. Ann St.

5. Full Name of Mother

Lora Ethridge.

6. Mother's Maiden Name

Lora Allen.

7. Mother's Birthplace

Beale, Co.

8. Full Name of Father

Wm Ethridge.

9. Father's Occupation

Dentist.

Father's Birthplace

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

J. M. Lockville, M.D.

Address

23 S. Broadway

Remarks

city.



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁷⁵⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The fourth (4th) child.

Sex, (state whether male or female)

Male child.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

July 14th 1886.

4. Place of Birth, (Street and Number)

21 Carroll St.

5. Full Name of Mother,

Mrs. Sarah J. McKean.

6. Mother's Maiden Name,

Miss Sarah J. Coulter.

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John G. McKean.

9. Father's Occupation,

Shoe Manufacturer.

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Bange.

Address,

426 Cross St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

14th of July

4. Place of Birth, (Street and Number)

110 S. Baltimore St.

5. Full Name of Mother,

Mrs. Josephine P. Clarke

6. Mother's Maiden Name,

Clarke

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Jesse W. Clarke

9. Father's Occupation,

dyer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. H. H. Clarke

Address,

144 S. Bond St.

~~110 S. Baltimore St.~~

Remarks,

or persons who are not recoverable as other files and forgeries are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁻⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

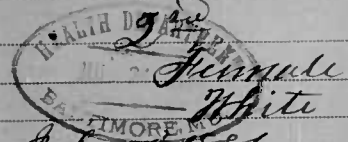
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



July 14 1886
176 Montgomery St

Anna V. Crockett
Anna V. Croft

Belvert, Co., Md

Henry C. Crockett

Industrious

Baltimore

H. B. Little Jr

50th Avenue

For each disease to be recorded as other than and for others are recordable.

RETURN OF A BIRTH.

87566

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child.*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *July 14th 1886*

4. Place of Birth (Street and Number) *101 Mulliken St.*

5. Full Name of Mother *Emma Bundy*

6. Mother's Maiden Name *Taylor*

7. Mother's Birthplace *Maryland.*

8. Full Name of Father *Wm R. Bundy*

9. Father's Occupation *Horstler*

10. Father's Birthplace *Essex County Va.*

Name of Medical Attendant, or other Person who makes this Return. *Francis J. Lauer M.D.*

Address *105 N. Central Ave.*

Remarks *7 months baby.*



RETURN OF A BIRTH ⁸⁷⁵⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 14 - 1886

4. Place of Birth, (Street and Number)

17 Penn. st.

5. Full Name of Mother,

Anna Weckesser

6. Mother's Maiden Name,

" Hartfelder.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jno Weckesser

9. Father's Occupation,

Dairyman

10. Father's Birthplace,

Baltimore

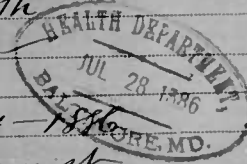
Name of Medical Attendant, or other Person who makes this Return

Mary Kowk

Address,

328 South E. Ave. Jr.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report live birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{8/5/68}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14th - 1886

4. Place of Birth, (Street and Number) 65 Camden St

5. Full Name of Mother, Emma L. Tate

6. Mother's Maiden Name, Holler

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Wm. Tate

9. Father's Occupation, Tavern Keeper

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return, R. C. Lee

Address, Hanover St.

Remarks,

RETURN OF A BIRTH ⁸⁷⁵⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{July 14 1886}

4. Place of Birth, (Street and Number) ^{205 S. Charles St.}

5. Full Name of Mother, ^{Mrs. Maria Narcissusfield}

6. Mother's Maiden Name, ^{Whitaker}

7. Mother's Birthplace, ^{Austria}

8. Full Name of Father, ^{Jacob Narcissusfield}

9. Father's Occupation, ^{Shoemaker}

10. Father's Birthplace, ^{Austria}

Name of Medical Attendant, or other Person who makes this Return, ^{Dr. Charles C. Baker M.D.}

Address, ^{401 W. Baltimore St. No. 13}

Remarks,



RETURN OF A BIRTH ⁸⁴⁵⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Dec 14 1886

4. Place of Birth, (Street and Number) 139 So. E. Ave

5. Full Name of Mother, Mary E. Cunningham

6. Mother's Maiden Name, Leahman

7. Mother's Birthplace, Memphis, Tenn

8. Full Name of Father, John C. Cunningham

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Camp Dennison, Tenn

Name of Medical Attendant, or other Person who makes this Return. J. L. Williams

Address, 111 S. Green St

Remarks,



Report the birth to the Commissioner of Health, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁻⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

14 July 1886

4. Place of Birth, (Street and Number)

81 N Durham St

5. Full Name of Mother,

Caroline Moore

6. Mother's Maiden Name,

Caroline Jackson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Matthew Moore

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Susan Morgan

Address,

1041 N Durham St

Remarks,



RETURN OF A BIRTH. ⁸⁷⁵⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 14th 1886

4. Place of Birth, (Street and Number) 222 1/2 E. Fremont St.

5. Full Name of Mother, Mollie Weintraub

6. Mother's Maiden Name, Friederich

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Weintraub

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna H. Keger

Address, 222 E. Monument St.

Remarks, _____



Persons who, after the completion of this form, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

87573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 July 1886*

4. Place of Birth, (Street and Number) *14 Stillmann St.*

5. Full Name of Mother, *Therisia Magmann*

6. Mother's Maiden Name, *Mahoney*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Magmann*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return, *Dr. Christina Jones*

Address, *173 Howard St.*

Remarks, *14 St.*



of persons who are not registered, for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 87.5 1/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 July 1886

4. Place of Birth, (Street and Number) Baltimore Abel. St. No. 6

5. Full Name of Mother, Louise B. Rein

6. Mother's Maiden Name, 11 11 Berguth

7. Mother's Birthplace, Germany

8. Full Name of Father, John J. Rein

9. Father's Occupation, Shoe cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N. Poppleton St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties and forfeitures as are provided for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8/5/56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth, July 14th 1886.

4. Place of Birth, (Street and Number) 204 N. Fulton Avenue



5. Full Name of Mother, Margaret C. Cook.

6. Mother's Maiden Name, Henisler.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Frederick C. Cook.

9. Father's Occupation, Lawyer.

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return.

R. M. Goldsmith.

Address,

Harlem Av. & Calhoun St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14

4. Place of Birth, (Street and Number) 98 Fort av

5. Full Name of Mother, Maggie Anderson

6. Mother's Maiden Name, Maggie Todd

7. Mother's Birthplace, Dorchester Co Md

8. Full Name of Father, George Anderson

9. Father's Occupation, Conductor on B & O

10. Father's Birthplace, Hayes Ferry Va

Name of Medical Attendant, or other Person who makes this Return, O. A. Cusick M.D.

Address, 110 Fort av

Remarks,



report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ^{875'77}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child.*

1. Sex, (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14th of July 1886*

4. Place of Birth, (Street and Number) *East Monument Street.*

5. Full Name of Mother, *Roseana Young*

6. Mother's Maiden Name, *Roseana Eilers.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Fred Eilers.*

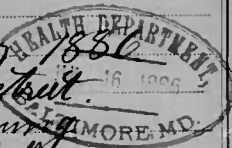
9. Father's Occupation, *Stone cutter.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel.*

Address, *11 North Chapel St per Justina Kunkel.*

Remarks, *Healthy.*



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth 14th

4. Place of Birth, (Street and Number) 16 Covington St.

5. Full Name of Mother, Kate Hoagmar.

6. Mother's Maiden Name, " Glass.

7. Mother's Birthplace, Germany.

8. Full Name of Father, James Hoagmar.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Pittsburg.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarbrough.

Address, 220 Montgomery St.

Remarks,



RETURN OF A BIRTH ⁸⁹⁵⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 July 1886

4. Place of Birth, (Street and Number) President Street 59

5. Full Name of Mother, Augusta Finn

6. Mother's Maiden Name, Auguste Pellinot

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Finn

9. Father's Occupation, City employee

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. D. Winchard

Address, 211 N Howard Street

Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, the Registrar of Vital Statistics, or the Registrar of the Board of Health, and the Registrar of the Board of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 15. 86
308 N. Union St.
Esther Crane

St. John New Brunswick
Mrs. Crane
Machinist
Cincinnati

Mary A. Allwell

386 N. Lombard St.

RETURN OF A BIRTH ⁸⁷⁵⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 15th of July

4. Place of Birth, (Street and Number) 142 Lombard St.

5. Full Name of Mother, Maggie Westkamp

6. Mother's Maiden Name, Philippe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Westkamp

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Gasper

Address, 72 E. Lombard St.

Remarks, _____



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined (in 10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3rd child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Baltimore 15th July 1886*

4. Place of Birth, (Street and Number) *St. Cambridge*

5. Full Name of Mother, *Mary Muller Oneil*

6. Mother's Maiden Name, *Mary Muller Barrows*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Henry Oneil*

9. Father's Occupation, *Laber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mr. Wiley*

Address, *30 Patterson Park Ave.*

Remarks,



report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 3 - 8*

4. Place of Birth, (Street and Number) *89 Newberry St.*

5. Full Name of Mother, *Mrs Mary*

6. Mother's Maiden Name, *Bauman*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Frank Krugger*

9. Father's Occupation, *Candy maker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this return, *Chas. H. Keller*

Address, _____

Remarks, _____



RETURN OF A BIRTH

8754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 July

4. Place of Birth, (Street and Number)

11 Somerset St

5. Full Name of Mother,

Annie Chase

6. Mother's Maiden Name,

" Groves

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Water Chase

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return,

Mrs Julia Groves

Address,

466 N Gay St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.....

Address.....

Remarks.....



July 15 1886

372 E Madison

Mrs V Hynes

Mrs E Turner

Balto

Chas H Turner

Merchant

Balto

W H Patterson M D

19 Franklin

reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

845-86

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth July 15th 1886

4. Place of Birth, (Street and Number) Gough st. near Baltimore ch.

5. Full Name of Mother, Mrs. Adams

6. Mother's Maiden Name, Justis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Mc. Adams

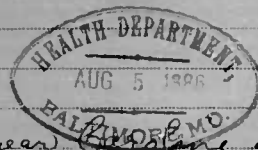
9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,



Report on birth to the Commissioner of Health, in the manner and within the period now required, an entry such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁴⁵⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 15th 1886

4. Place of Birth, (Street and Number)

E. Baltimore

5. Full Name of Mother,

Lena Meyer

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adrian Meyer

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Bernstein

Address,

49 S. Exeter St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Pulley Brown 3rd child
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 15/86*

4. Place of Birth, (Street and Number) *157 N. Wolfe St.*

5. Full Name of Mother, *Mary Brown*

6. Mother's Maiden Name, *Harris*

7. Mother's Birthplace, *Bald. city*

8. Full Name of Father, *M. Lane Brown*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *R. W. Mansfield M.D.*

Address, *50 S Broadway*

Remarks,



Report of birth or death, or other event, shall be made on this form, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: MARY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 15 - 1886

4. Place of Birth, (Street and Number) 119 Ardenmore St.

5. Full Name of Mother, Annie J. Pentecost

6. Mother's Maiden Name, O'Sullivan

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Edward Pentecost

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 151 E. Pratt St.

Remarks,

RETURN OF A BIRTH 87590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 15-41

4. Place of Birth, (Street and Number)

168 Germany st

5. Full Name of Mother,

Elizabeth Siegmund.

6. Mother's Maiden Name,

Elizabeth Guentke

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Siegmund.

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. W. Mannel. Midwife

Address,

No 8 Pearl st.

Remarks,



report as to the health of the child, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

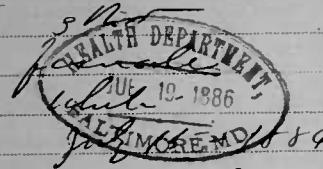
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



109 Spring Hill Ave.

Annie Michael

" Mesley

Balt Co

Wm. H. Michael

Chairman

Balt Co.

D. Street M.D.

145 E. Eden

be in attendance upon the mother, immediately thereafter if shall occur the day, in the presence of a physician or midwife, to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and to file a copy of the same with the Registrar of Vital Statistics, who shall be subject to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

Person
(10)
dollars
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 87592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 15th '86*

4. Place of Birth, (Street and Number) *#692 W. Fayette St. Balto. Md.*

5. Full Name of Mother, *Mary Elmore Bruck.*

6. Mother's Maiden Name, *Schulze*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Charles William Bruck.*

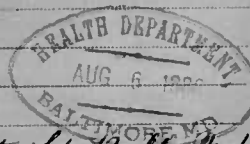
9. Father's Occupation, *Sailor.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Schuler.*

Address, *22 North Charles St.*

Remarks,



RETURN OF A BIRTH ⁸⁷⁵⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) _____

Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

July 16th 1886

4. Place of Birth, (Street and Number) _____

Jones Court No. 9

5. Full Name of Mother, _____

Martha Reed

6. Mother's Maiden Name, _____

Butler

7. Mother's Birthplace, _____

Washington

8. Full Name of Father, _____

Jerome Reed

9. Father's Occupation, _____

Brick Maker

10. Father's Birthplace, _____

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Francis Anderson

Address, _____

8 30 McCubbin St

Remarks, _____



The duty of the parent or person in whose child is born, to report its birth to the Board of Health, in the manner and form provided, is a legal duty, and the failure to do so is a crime, and the parent or person who fails to do so shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

875911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
White
July 15
Barnes St. 16-
Anne Kalal
" " Bolek
Bohemia
Joseph Kalal
Tailor
Bohemia
Josephine (Knein)



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of \$10 (ten dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 17595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th of July 1886

4. Place of Birth, (Street and Number) Corner Chest and Madison St.

5. Full Name of Mother, Mary B. Knobauer.

6. Mother's Maiden Name, Mary B. Miller.

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Miller.

9. Father's Occupation, Butcher.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Crescentina Kunkel.

Address, 71 North Chapel St. per Justina Kunkel.

Remarks, Healthy.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to report the birth to the Registrar of Vital Statistics, and to supply him with the contents of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁷⁵⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 15th 1887

146 Weymouth Avenue

Maria S. McKee

" " Locken

N York

James McKee

Chick

Scotland

J. Ridgway M.D.

121 E Baito St

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of record, to report forthwith to the Registrar of Vital Statistics, the birth of the child, and to furnish the particulars of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Negro*

3. Date of Birth, *July 16. 1886.*

4. Place of Birth, (Street and Number) *Brewers Alley near 800th St*

5. Full Name of Mother, *Eva Raynard*

6. Mother's Maiden Name, *-*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *A. Garrett*

9. Father's Occupation, *Car-driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *W. M. Wilson M.D.*

Address, *251 Madison Ave*

Remarks, *-*



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

87598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 16th 1886
4. Place of Birth, (Street and Number) No 5 Broadway ally
5. Full Name of Mother, Mrs Schiner Bay
6. Mother's Maiden Name, Miss Schiner J. Bay
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, J. M. Bay
9. Father's Occupation, Laborer
10. Father's Birthplace, Elton MD

Name of Medical Attendant, or other Person who makes this Return, Mrs. Caroline Jordan
Address, No 3 State Street
Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁵⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *July 16 1896*

4. Place of Birth, (Street and Number) *122 E. 1st*

5. Full Name of Mother, *Mary Young*

6. Mother's Maiden Name, *Mary Davis*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Young*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Joseph W. H. H. H.*

Address, *182 Poplar St.*

Remarks,



RETURN OF A BIRTH ⁸⁷⁶⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Little Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

16th July 1886

4. Place of Birth, (Street and Number)

No 12 Leadenhall City

5. Full Name of Mother,

Mrs. Miller

6. Mother's Maiden Name,

Mrs. Thate Arnold

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr. John Miller

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Born Penn Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1617 West Pratt St

Remarks,

In the absence of the Registrar of Health, in the manner and within the period above required, and any such person report the birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8/601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Male ~~female~~

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 of July

4. Place of Birth, (Street and Number)

Beach & Bay 15 St

5. Full Name of Mother,

Lura Thomas

6. Mother's Maiden Name,

Lura Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Langford

9. Father's Occupation,

Dray Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Harrier J. H. H.

Address,

61 Elm St

Remarks,

none

RETURN OF A BIRTH ⁸⁷⁶⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16th July 1886

4. Place of Birth, (Street and Number) Cor. Oliver & Main Bank Lane

5. Full Name of Mother, Mary Ann Treckfus

6. Mother's Maiden Name, " " Keyhan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leonard Treckfus

9. Father's Occupation, Carpenter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each return to be recovered as other fines and forfeitures are recoverable.

Missing #87603

report its birth to the Commissioner of Health, in the manner and form provided in this section, and shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Ninth child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Color

3. Date of Birth

July 16, 1883

4. Place of Birth, (Street and Number)

Baths & 563

Saratoga St.

5. Full Name of Mother

Martha Elizabeth Murphy

6. Mother's Maiden Name

Howard

7. Mother's Birthplace

Montgomery County

8. Full Name of Father

John Henry Murphy

9. Father's Occupation

Whitening, Shleewashing and Collaring

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm B Jones

Address

544 Saratoga St

Remarks



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

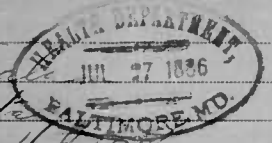
9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
White
July 16th 1886
W. S. S. Charles St.
Elizabeth Brady
" Brozeth
Baltimore
Joseph R Brady
Engineer
Richmond Va
Hudson Cook M.D.
156 Henderson St

RETURN OF A BIRTH ⁸⁴⁶⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16th 1886

4. Place of Birth, (Street and Number) 8 Quincy St. Canton

5. Full Name of Mother, Catherine O'Gorman

6. Mother's Maiden Name, Catherine Goffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James O'Gorman

9. Father's Occupation, Sealor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. R. L. Garrett

Address, # 65 Burke St.

Remarks, formerly Mrs. Garrett

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 July 86

4. Place of Birth, (Street and Number)

943 Barre St.

5. Full Name of Mother,

Kate Schuerman

6. Mother's Maiden Name,

" Schobeck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. Schuerman

9. Father's Occupation,

Tavern Keeper

10. Father's Birthplace,

Prussia

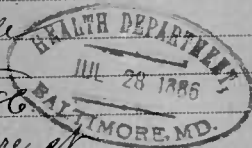
Name of Medical Attendant, or other Person who makes this Return.

Mary Kroh

Address,

328 South Eutaw St.

Remarks,



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁶⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 July

4. Place of Birth, (Street and Number) No 5 Spots lost

5. Full Name of Mother, Susan Connolly

6. Mother's Maiden Name, Brophy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William A Connolly

9. Father's Occupation, carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, August Bosian

Address, 2532 Sharp St

Remarks,



or persons who shall hereafter call in compliance with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined at a (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁶⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1st child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 16th 1886*

4. Place of Birth, (Street and Number) *105 E. Maple*

5. Full Name of Mother, *Maggie Bencil*

6. Mother's Maiden Name, *Welch*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Bencil*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Lizzy Bencil

Address, *120 Banks St*

Remarks,



RETURN OF A BIRTH ⁸⁷⁶¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ¹²

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *16 July*

4. Place of Birth, (Street and Number) *35 Leighton St*

5. Full Name of Mother, *Georgeana Collins*

6. Mother's Maiden Name, *Williams*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Robert Henry Collins*

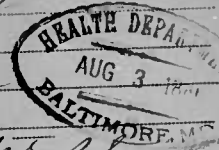
9. Father's Occupation, *labor*

10. Father's Birthplace, *Harriet Jackson*

Name of Medical Attendant, or other Person who makes this Return. *14 Leighton*

Address,

Remarks,



report to the Registrar of Vital Statistics, Baltimore City, for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁶¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16 - 1886

4. Place of Birth, (Street and Number) 1 Gough St.

5. Full Name of Mother, Malda M. Smith

6. Mother's Maiden Name, Cox

7. Mother's Birthplace, Washington County

8. Full Name of Father, Samuel Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Shive

Address, 151 E. Pratt St.

Remarks,



RETURN OF A BIRTH ⁸⁷⁶¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Female Child.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 16th July 1896

4. Place of Birth, (Street and Number) Garrett Street No. 43.

5. Full Name of Mother, Wilhelmina Kuhn

6. Mother's Maiden Name, Wilhelmina Friep.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Wilhelm Kuhn.

9. Father's Occupation, Steward.

10. Father's Birthplace, Freiburg Germany.

Name of Medical Attendant, Lizzie Schaeffler.
or other Person who makes this Return.

Address, Shall dr. N. 31. Saint St.

Remarks, _____

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties as are provided for in the Act for the purpose of enforcing the same.

RETURN OF A BIRTH ⁸⁴⁶¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 10, 1886*

4. Place of Birth, (Street and Number) *500 N. E. St.*

5. Full Name of Mother, *Ellen M. Jones*

6. Mother's Maiden Name, *"A. D. Houston"*

7. Mother's Birthplace, *A. D.*

8. Full Name of Father, *Richard M. Jones*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *A. D.*

Name of Medical Attendant, or other Person who makes this Return, *Wm. C. Rogers, M.D.*

Address, *1400 Broadway, N.Y.*

Remarks,



RETURN OF A BIRTH ⁸⁷⁶¹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 6 July

4. Place of Birth, (Street and Number) 54 east st

5. Full Name of Mother, Lilla Sutton

6. Mother's Maiden Name, X

7. Mother's Birthplace, Camelbridge, Md

8. Full Name of Father, John Sutton

9. Father's Occupation, Labor

10. Father's Birthplace, Balto

Name of Medical Attendant, Harriet Jackson or other Person who makes this Return.

Address, 14 Perry street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties as are provided for in the Act of the General Assembly of 1882, relating to the registration of births and deaths, and for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth of every child born in Baltimore City, and the death of every person who has died in Baltimore City, to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH 87615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth. July 16th, 1880

4. Place of Birth, (Street and Number) 16th Front St.

5. Full Name of Mother, Betty Cohen

6. Mother's Maiden Name, Harris

7. Mother's Birthplace, Doland

8. Full Name of Father, Harris Cohen

9. Father's Occupation, Sailor

10. Father's Birthplace, Doland

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullrich

Address, 48 Hollands St.

Remarks,



RETURN OF A BIRTH. 87616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 16th 1886

4. Place of Birth, (Street and Number) 1820 Monument St

5. Full Name of Mother, Mary Mary

6. Mother's Maiden Name, Boylan

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, M. Mary

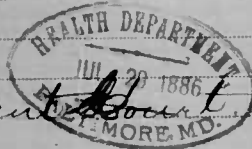
9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. Leonard Kilgus

Address, 1820 Monument St

Remarks,



report the birth in the Commission of Health, and if the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH,

87617

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 16th 1886.
4. Place of Birth, (Street and Number) 74 Thames St.
5. Full Name of Mother Louisa Dora Zimmermann
6. Mother's Maiden Name Louisa D. Strantel
7. Mother's Birthplace Baltimore County Md.
8. Full Name of Father John Henry Zimmermann
9. Father's Occupation Liquor Dealer.
10. Father's Birthplace Baltimore City Md.
- Name of Medical Attendant, or other Person who makes this Return. Nicholas C. Dashiell
- Address 207 S. Broadway S.
- Remarks _____



RETURN OF A BIRTH ⁸⁷⁶¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Children 2 Twins baby*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 16 1886

4. Place of Birth, (Street and Number)

535 Mceldrey St

5. Full Name of Mother,

Emily Chase

6. Mother's Maiden Name,

Emily Johnson

7. Mother's Birthplace,

Dorchester Co. Surtz

8. Full Name of Father,

John Chase

9. Father's Occupation,

Labor

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return

Susan Morgan

Address,

No 47 S Durham St

Remarks,

*An hour between the two mother
doing tolerable well. 2 bright little boys*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

DATE ENTERED 2-23-55 RETURN OF A BIRTH

87619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

James Buchanan Morris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

16th July 1886

4. Place of Birth, (Street and Number)

Waltham Ave near Morris

5. Full Name of Mother,

Emily Morris

6. Mother's Maiden Name,

Emily Neal

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

B. Robt. G. Morris

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Charles Co. Md

Name of Medical Attendant, or other Person who makes this return

Minna F. Hill

Address,

17 N. Calhoun St.

Remarks,

This is the second child within one year. The last having been born 17th July 1885. as you will see from

See Return of Birth of that child.



RETURN OF A BIRTH ⁸⁷⁶²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16th 1886

4. Place of Birth, (Street and Number) E. Landard St. 93

5. Full Name of Mother, Annie Carolina Lesser

6. Mother's Maiden Name, " " Boch-

7. Mother's Birthplace, Balto-Md

8. Full Name of Father, H. Joseph Lesser

9. Father's Occupation, Barber

10. Father's Birthplace, Balto-Md

Name of Medical Attendant, or other Person who makes this Return, Mrs K. Vollog

Address, 48 S Ball and St

Remarks, "



Report the birth to the Commissioner of Health, at the manner and place prescribed in the regulations, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore City.~~



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

July 17/86.

4. Place of Birth, (Street and Number)

697 German St.

5. Full Name of Mother,

Ida Lazarus

6. Mother's Maiden Name,

Ida. Goldstein

7. Mother's Birthplace,

Pittauw Russland

8. Full Name of Father,

Harry Lazarus

9. Father's Occupation,

City salesman

10. Father's Birthplace,

Tauraggen Russland

Name of Medical Attendant, or other Person who makes this Return

Mrs. W. W. Marnif. Midwife

Address,

No 8 Pearl Str

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁶²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

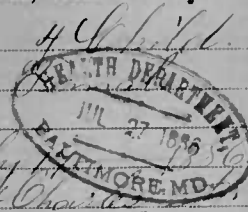
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



J. L. Schaeffer, Midwife.
331 Harrison St.

Report the birth of every child born in Baltimore City, and the death of every child who dies in Baltimore City, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth or death, respectively. Failure to do so, or to furnish true and correct information, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

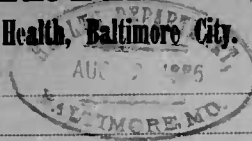
RETURN OF A BIRTH

87623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5



1. Sex, (state whether ~~male~~ or female)

—

2. Race or Color, (if not of the white race)

3. Date of Birth, 17th

4. Place of Birth, (Street and Number) Carey & Gold Sts.

5. Full Name of Mother, Elisabeth Dietrich

6. Mother's Maiden Name, Elisabeth Dietrich Fisher

7. Mother's Birthplace, Erie, Pa.

8. Full Name of Father, Leo Dietrich

9. Father's Occupation, Groceries

10. Father's Birthplace, Posen, Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Maier

Address, No. 1, Lindenhall

Remarks,

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

8762.4

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

3rd

Boy

White

Saturday July 17th

138 Lammale

Hattie L. Macculan

Hattie L Thayer

Boston

James H. Macculan

Base Ball Player

Boston

Wibner Brinton Mo

Chas St Anna Forrest Place

Remarks,

RETURN OF A BIRTH.

87625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 17th 1886

4. Place of Birth (Street and Number)

No 125. S. Washington st

5. Full Name of Mother

Maria Wrightson

6. Mother's Maiden Name

Maria Cole

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John S. Wrightson

9. Father's Occupation

Plumber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thomas J. Evans M.D

Address

No 22 Lockman Square Balt. Md

Remarks

report its birth to the Commissioner of Health, in the manner and within the period above required, and any alien person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 17th 1886

4. Place of Birth, (Street and Number) Canal near Lombard st.

5. Full Name of Mother, Yetta Kaplan

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Samuel Kaplan

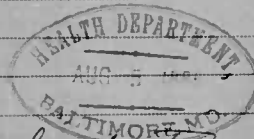
9. Father's Occupation, Pedler

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,



has in attendance upon the mother, unless the mother, immediately after the birth, reports the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

July the 17

4. Place of Birth, (Street and Number)

Hawthorne No 111

5. Full Name of Mother,

Mary Ann March

6. Mother's Maiden Name,

Mary Ann Neenan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacobs March

9. Father's Occupation,

Night Work

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mo Dr. Galtley

Address,

No 16 Health St

Remarks,

Strong well



RETURN OF A BIRTH.

87628

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

July 17

4. Place of Birth (Street and Number)

Park St 78 No

5. Full Name of Mother

Virginia Smith

6. Mother's Maiden Name

.....

7. Mother's Birthplace

St Mary's Co.

8. Full Name of Father

John Mosley

9. Father's Occupation

Sailor

10. Father's Birthplace

Agresty Co

Name of Medical Attendant, or other Person who makes this Return.

Francis Granby

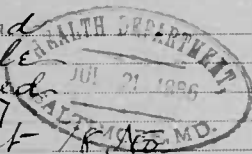
Address

69 Leadenhall St

Remarks

Living well

name of the mother of such child or children.



RETURN OF A BIRTH⁸⁷⁶²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *2*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 17, 1886*

4. Place of Birth, (Street and Number) *244 Division St.*

5. Full Name of Mother, *Theresa S. Sawison*

6. Mother's Maiden Name, *Heinichen*

7. Mother's Birthplace, *Fredricksburg, Va.*

8. Full Name of Father, *Thomas W. Sawison*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Orangeburg, S. C.*

Name of Medical Attendant, or other Person who makes this Return *J. J. Rote M.D.*

Address, *257 Linwood*

Remarks, _____

Should the child present any of the following conditions, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be notified immediately, and the child shall be subject to a final examination by the Board of Health, Baltimore City, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH, 87630

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 17/86

4. Place of Birth, (Street and Number)

233 Pierce St.

5. Full Name of Mother

Mary Ann Machen
Wells.

6. Mother's Maiden Name

7. Mother's Birthplace

Port Tobacco, Charles Co. Md.

8. Full Name of Father

Wm Thomas Machen

9. Father's Occupation

House Painter

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Sam W. Knight M.D.

Address

112 N. Greene St.

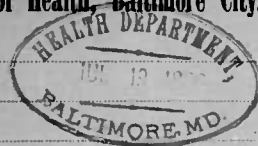
Remarks

name of the mother of such child or children.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so designated, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of not more than \$10, and shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 17th 1886

4. Place of Birth, (Street and Number) Baltimore no 10 Foster St

5. Full Name of Mother, Mary James

6. Mother's Maiden Name, Mary Brown

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George James

9. Father's Occupation, Liberty Stable

10. Father's Birthplace, Kent County

Name of Medical Attendant, or other Person who makes this Return, Joseph Wood

Address, 409 Foster Street

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *July 17 - 1886*

4. Place of Birth, (Street and Number) *Maternity Hosp*

5. Full Name of Mother, *Clara Howard*

6. Mother's Maiden Name, *D. E.*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other Person who makes this Return, *L. H. Ditchman M.D.*

Address, *Maternity Hosp*

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any child person
or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 87633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17th July

4. Place of Birth, (Street and Number) 351 S. 11th St.

5. Full Name of Mother, Mary Jane M. Allister

6. Mother's Maiden Name, Anderson

7. Mother's Birthplace, City

8. Full Name of Father, Patrick M. Allister

9. Father's Occupation, Glove Keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, C. F. Jones M.D.

Address, 375 E. Balto. St.

Remarks,



RETURN OF A BIRTH ⁸⁷⁶³⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 17th 1886

4. Place of Birth, (Street and Number) No 731 Hanover St

5. Full Name of Mother, Lena Blottenberger

6. Mother's Maiden Name, Lena Hoover

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Frank W B Blottenberger

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, C. Hinster

Address, No 688 South Charles St

Remarks, _____



By assistance of the Registrar of Vital Statistics, Baltimore City, Md. The Registrar of Vital Statistics, Baltimore City, Md. shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 87635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth July - 17, 1887

4. Place of Birth, (Street and Number) No 377 West 41st Street

5. Full Name of Mother, Lena Ross

6. Mother's Maiden Name, Louisa Mather

7. Mother's Birthplace, Cassine Co. Md.

8. Full Name of Futher. Benedictus Roth

9. Father's Occupation..... *20. Engineer*

10. Father's Birthplace, Cambridge, Mass.

Name of Medical Attendant, or other Person who makes this Return. Johnnie Davis

Address, No 406, West Street

Remarks,

in accordance upon the birth of the person, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars and costs of prosecution, and such offence shall be recoverable.

RETURN OF A BIRTH 87636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 18/86

4. Place of Birth, (Street and Number)

No 1 Pleasant Hill

5. Full Name of Mother,

Theresia Scheder

6. Mother's Maiden Name,

Pitraf

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Scheder

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louise Kraft

Address,

No 142 S Washington St

Remarks,



report his birth to the Commissioner of Health, in the manner and within the time prescribed in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁷⁶³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 11th of July 1886

4. Place of Birth, (Street and Number) 12 Canal St. MD.

5. Full Name of Mother, Mary Sullivan

6. Mother's Maiden Name, Kiif

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Sullivan

9. Father's Occupation, Cann-maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard St.

Remarks, _____

report the birth to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87 638}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, July 22 1886

4. Place of Birth, (Street and Number) public hospital No 8

5. Full Name of Mother, Esther Sampson

6. Mother's Maiden Name, Esther Garfield

7. Mother's Birthplace, Carroll Co

8. Full Name of Father, Charles Sampson

9. Father's Occupation, labor

10. Father's Birthplace, Middle town Md

Name of Medical Attendant, or other Person who makes this Return, Charlotte Pratt M.D. wife

Address, No 15 Carlton st

Remarks, _____



be in accordance with the provisions of the Act of the General Assembly, passed March 22, 1886, and any birth certificate filed hereafter shall be subject to the provisions of this section, and any birth certificate filed hereafter shall be subject to the provisions of this section, and any birth certificate filed hereafter shall be subject to the provisions of this section, and any birth certificate filed hereafter shall be subject to the provisions of this section.

RETURN OF A BIRTH.

87639

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 18th 1886

4. Place of Birth (Street and Number)

232 N. Eden St.

5. Full Name of Mother

Julia Lamm

6. Mother's Maiden Name

Mullen

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Lamm

9. Father's Occupation

Driver of his own Lumber Wagon

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

T. F. M. Connick M.D.

Address

25 Culver Place

Remarks

Child was delivered with forceps and died, in 4 days.



RETURN OF A BIRTH.

876110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child.*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 18 - 1886.*

4. Place of Birth (Street and Number) *16 S. Bond St*

5. Full Name of Mother *Maggie Cook.*

6. Mother's Maiden Name *Rock.*

7. Mother's Birthplace *Balto. Md.*

8. Full Name of Father *Edward A. Cook.*

9. Father's Occupation *Barber.*

10. Father's Birthplace *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Francis A. Jones M. D.*

Address *105 N. Central Ave.*

Remarks

name of the mother of such child or children.



RETURN OF A BIRTH ⁸⁷⁶⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15 July

4. Place of Birth, (Street and Number) Little Green Street

5. Full Name of Mother, Emma Marie Müller

6. Mother's Maiden Name, Emma Marie Hänel

7. Mother's Birthplace, Germany

8. Full Name of Father, Max Adolph Müller

9. Father's Occupation, Government Worker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Miss Bange

Address, 426 Cross St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such fees as may be prescribed by the Board of Health, and for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 87642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *July 18 1886*

4. Place of Birth, (Street and Number) *# 28 W. Latcoat*

5. Full Name of Mother, *Mrs Sarah Green*

6. Mother's Maiden Name, *Sarah Garland*

7. Mother's Birthplace, *Oak Grove Va*

8. Full Name of Father, *Robert Green*

9. Father's Occupation, *Brick Maker*

10. Father's Birthplace, *Leicester Essex Co Va*

Name of Medical Attendant, or other Person who makes this Return *W. J. Chappell M.D.*

Address, *W. E. Cor President Maker Sts*

Remarks,



RETURN OF A BIRTH 87643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 18th

4. Place of Birth, (Street and Number)

220 E. Eutaw street

5. Full Name of Mother,

Annie Scott

6. Mother's Maiden Name,

Dados

7. Mother's Birthplace,

Leorgetown Washington D.C.

8. Full Name of Father,

Greenberg Scott

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return.

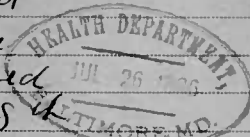
Annie Johnson

Address,

94 Taylor st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who neglects to do so, or any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁶⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT
JUL 27 1886
BALTIMORE, MD.
July 27 1886
381 Light St.
Richard A. Ross

"Philips" Price
Philip P.
R. H. Ross
Painter
Baltimore

Thaddeus C. C. M. S.
146 Hanover St. Baltimore

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8-6-15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18, 1886

4. Place of Birth, (Street and Number) Randall's Delight

5. Full Name of Mother, Emma A. Bennett

6. Mother's Maiden Name, " " Silas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lewis H. Bennett

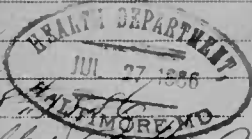
9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Frederick, Md.

Name of Medical Attendant, or other Person who makes this Return, Theodore Cooper M.D.

Address, 146 Hanover St.

Remarks,



RETURN OF A BIRTH

87646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18th of July*

4. Place of Birth, (Street and Number) *16 Patuxten St*

5. Full Name of Mother, *Marg Bets*

6. Mother's Maiden Name, *= Störker*

7. Mother's Birthplace, *Wallenfels*

8. Full Name of Father, *Carl Bets*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Borgers Dorf*

Name of Medical Attendant, or other Person who makes this return.

Mrs G. Weiss

Address,

424 Lancaster St

Remarks,



be in attendance upon the mother, immediately after the birth of the child, and report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered in an inferior court and forfeitures are recoverable.

87647

report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

2³

female

White

July 18. 81

13' malden steel

May Beaward

Diemes

Permy Wanda

Alfred Beauregard

Upholsterer

Germany

Ardenwald Mo

88 H. Eulaw Steel

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 18th 1886

4. Place of Birth, (Street and Number)

1365 Myram Street

5. Full Name of Mother,

Annie Philadelphia

6. Mother's Maiden Name,

Mortzintz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

P. Philadelphia

9. Father's Occupation,

Schooling

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Lizzy Betz

Address,

120 Park St

Remarks,

No fee is required for this certificate. The Registrar of Vital Statistics, Board of Health, in the manner and within the time specified in the regulations of the Board of Health, shall be responsible for the accuracy of the information furnished, and any such person who shall be found to have furnished false information, shall be liable to a fine of not more than \$100 for each offense to be recovered as other fines and forfeitures are recoverable.

Let an attendant, midwife, or other person who makes this Return, or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 18th 1886*

4. Place of Birth, (Street and Number) *282 Eastern Ave*

5. Full Name of Mother, *Annie S. East*

6. Mother's Maiden Name, *Milner*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Charles S. East*

9. Father's Occupation, *Post house*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Lizzy B. B. B.*

Address, *120 B. B. B.*

Remarks,



RETURN OF A BIRTH 87630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 7th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 18th 1886*

4. Place of Birth, (Street and Number) *211st E. Canton Ave*

5. Full Name of Mother, *Mary Shipley*

6. Mother's Maiden Name, *G. Stroman*

7. Mother's Birthplace, *Calif*

8. Full Name of Father, *Marble Shipley*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Calif*

Name of Medical Attendant, or other Person who makes this Return, *Lizzy Bely*

Address, *220 Bank St*

Remarks,



to a physician or other person who shall report the birth of a child, or the death of a person, within the period above required, and any such person who shall fail to report the birth of a child, or the death of a person, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child, or the death of any person, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87/651}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



RETURN OF A BIRTH 87652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

July - 18 - 1986

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Barbara Brown

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

—

Name of Medical Attendant, or other Person who makes this Return.

Chas. H. Ditchute M.D.

Address,

Maternity Hosp

Remarks,

Birth certificate is to be filed in the first and third day of each and every month to be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, by the person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Elmer

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18, 1886

4. Place of Birth, (Street and Number) 411 Low St

5. Full Name of Mother, Rachel Riff

6. Mother's Maiden Name, Rachel Epstein

7. Mother's Birthplace, Russia

8. Full Name of Father, Simon Riff

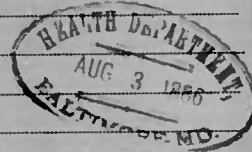
9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E. Scherman

Address, Albemarle St No 26

Remarks,



87654.

shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18, 1886

4. Place of Birth, (Street and Number) 236 near St

5. Full Name of Mother, Leah Solomon

6. Mother's Maiden Name, Leah Dichter

7. Mother's Birthplace,..... Russia

8. Full Name of Father, Davis Solomon

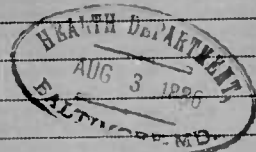
9. Father's Occupation, Operator

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E. Schermer

Address, Albemarle st N 26.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 12th July 1886.
4. Place of Birth, (Street and Number) Payette Street 422.
5. Full Name of Mother. Laura Haten
6. Mother's Maiden Name. Laura Mrent
7. Mother's Birthplace, Dorchester Co. M. D.
8. Full Name of Father, Jahn Haten
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore M. D.
- Name of Medical Attendant, or other Person who makes this Return Mrs. J. A. Hill Midwife
- Address, 43 S. Castle Street
- Remarks, 111111



It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period and under the penalties hereinafter laid to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50 for each offence, to be recovered as other fines and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of a nurse, or of a person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, within the period of time prescribed by law, and to pay to him the fee of ten (10) dollars for each offense to be reported as other laws and ordinances are enforceable.

RETURN OF A BIRTH

87656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 18 1886

4. Place of Birth, (Street and Number)

No 80 East, 1st

5. Full Name of Mother,

Josephine Tazewell

6. Mother's Maiden Name,

Josephine Guest

7. Mother's Birthplace,

Baltimore city md

8. Full Name of Father,

Robert Tazewell

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Newport R.I. 1st

Name of Medical Attendant, or other Person who makes this Return.

E. Hinton

Address,

No 688 W Charles St

Remarks,



is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 19 of June 1887

4. Place of Birth, (Street and Number) 460 12th Street Baltimore

5. Full Name of Mother, Ella Hall

6. Mother's Maiden Name, Ella Lee Kim

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Hall

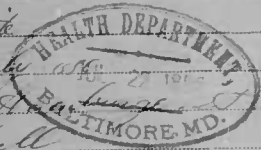
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. J. G. G. G.

Address, No. 13 West St

Remarks.



RETURN OF A BIRTH 87659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1 Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

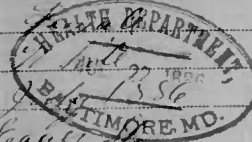
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



The 19 of

No 358 Coates

Mellie Potter

Mellie Smith

New York

B. F. Potter

Labour

New York

Mrs. Ch. Lause

No 173 Maryland Cas

Bal Md

1886

See in attendance upon the mother, immediately thereafter, if it can be done, and within the period above required, and any such person report the birth to the Registrar of Vital Statistics, Baltimore City, and if the mother or father fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Elizabeth Cochran W. Adams
RETURN OF A

RETURN OF A BIRTH ⁸⁷⁶⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elisabeth Wittmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of July 1886*
4. Place of Birth, (Street and Number) *261 N. E. 1st Ave.*
5. Full Name of Mother, *Lizzie Patterson*
6. Mother's Maiden Name, *" Frederick*
7. Mother's Birthplace, *Patterson*
8. Full Name of Father, *Henry Patterson*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address, Box 1, Caroline, Ky.

Remarks,



RETURN OF A BIRTH ⁵⁷⁶⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 19th 1886*

4. Place of Birth, (Street and Number) *No 41 1/2 Vine St*

5. Full Name of Mother, *Sarah Johnson*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Essex Co., Va.*

8. Full Name of Father, *George Johnson*

9. Father's Occupation, *Carriage-washer*

10. Father's Birthplace, *Orangeville Va*

Name of Medical Attendant, or other Person who makes this Return, *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each default to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur within the city limits of Baltimore, and the mother or person who has charge of the child, shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense in the manner and within the period above required.

RETURN OF A BIRTH 87662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,



4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Marianne

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Franklin W. Hughes

9. Father's Occupation,

Box-maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser, Midwife

Address,

338 Hancock St.

Remarks,

RETURN OF A BIRTH 87663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, July 19th

4. Place of Birth, (Street and Number) 36 Fulton St.

5. Full Name of Mother, Regina V. Fehler

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, P. Fehler

9. Father's Occupation, Collector

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return, W. H. B. Johnson

Address, No 28 N. Spring St Baltimore

Remarks, M.D.



If any child shall occur within the limits of Baltimore City, the mother of such child, or the father of such child, or the person who has the custody of such child, shall be liable to the duty of the person or persons of such child to report the same to the Registrar of Vital Statistics, and any person who fails to do so shall be liable to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

87664

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 4 July 19
4. Place of Birth (Street and Number) 3 Tenant St Baltimore MD
5. Full Name of Mother Frederic Duddie
6. Mother's Maiden Name None
7. Mother's Birthplace E. Kent County MD
8. Full Name of Father Charles House
9. Father's Occupation Coleman
10. Father's Birthplace Baltimore MD
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Wilson
- Address 11 E 3 Tenant St Baltimore MD
- Remarks

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the time above specified, and any person who shall fail to do so, shall be liable to a fine of not more than \$100, and in default of payment of such fine, shall be liable to imprisonment for each offense to be reported, as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁷⁶⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT

30

Female

White

July 19, 1886

147 Johnson St

Lizzie Seal

Lizzie Garrett

Ma

William Seal

B+C, Rail Road Man

Ma

H. B. Smith, M.D.

60 Johnson St

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

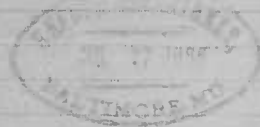
RETURN OF A BIRTH.

87666

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Monday 19 1886
4. Place of Birth (Street and Number) 75 Hamberg
5. Full Name of Mother Mary McLean
6. Mother's Maiden Name Mary Chambers
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Chambers
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore



Name of Medical Attendant, or other Person who makes this Return.

Ann O'Leary

Address

Remarks

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *on the 19th of July 1886*
4. Place of Birth, (Street and Number) *fore gone alley Baltimore*
5. Full Name of Mother, *Margaret Stearns*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *born in Virginia*
8. Full Name of Father, *Robert Stearns*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return, *millie B. and*
- Address, *277 North Eutaw St*
- Remarks, _____



certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, later than the day of the birth, the person or persons who shall be present at the birth, or persons who shall be present at the birth, or persons who shall be present at the birth, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19th

4. Place of Birth, (Street and Number) 77 Warner St

5. Full Name of Mother, Mrs. Jacob B. Swindell

6. Mother's Maiden Name, Mary P. Warrentinger

7. Mother's Birthplace, City

8. Full Name of Father, Jacob B. Swindell

9. Father's Occupation, Glass blower

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, H. Hill M.D.

Address,

Remarks, (4 or 5 to return soon)



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 19th 1886
322 McDougall St
Isabel Martenet
Stockton
Baltimore
Charles F. Martenet
Police Officer
Baltimore

S. H. Seldner M.D.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and as other fines and forfeitures are recoverable, for each offence to be

RETURN OF A BIRTH 8767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 19th 1886

4. Place of Birth, (Street and Number) 611 Bruce St

5. Full Name of Mother, Julia Dorsey

6. Mother's Maiden Name,

7. Mother's Birthplace, St Marys Co

8. Full Name of Father, Joseph Dorsey

9. Father's Occupation, Laborer

10. Father's Birthplace, St Marys Co

Name of Medical Attendant, or other Person who makes this Return, Sarah Rollins

Address,

Remarks,



Missing 87671-87677

Persons, who are in the first and third day of each and every month to the Office of the Commissioner of Health, to case this birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and if any person or persons who shall fail to do so, shall be liable to the fine of ten (\$10) dollars for each offense to be paid.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
June 20, 1886
Male

Mary M. Foster
Willington
337 E. Madison St.
Wm. W. Foster
Car. Marker
Balto. Md.

Mary A. H. Howell

341 W. Long St

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person so attending shall be required to comply with the provisions of this section, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

87680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th Day of July 1901

4. Place of Birth, (Street and Number) No. 105 West St.

5. Full Name of Mother, Annie Doyle

6. Mother's Maiden Name, Annie Tiefert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Doyle

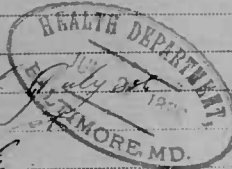
9. Father's Occupation, Scenic Artist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Galina Grishaber

Address, No. 128 West St.

Remarks, _____



RETURN OF A BIRTH

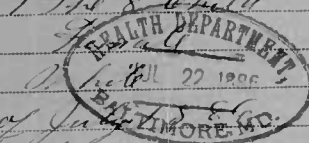
87681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 The 8 Child

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

The 20 of July 1886
No 371 Washington

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Kramer

6. Mother's Maiden Name,

Mary Taylor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Kramer

9. Father's Occupation,

Bookster

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Lauer

Address,

No 173 Hayford Ave

Remarks,

Bal. Md.

1886

certificates between the first and third days after the birth of any child, and the physician, midwife, or other person who attended the birth of the child, or the mother, immediately thereafter, it shall become the duty of the person or persons who shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense: to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *8/63-2*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Parents, the date and place of birth of each child, the sex and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and to the effect herein provided, and to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth

July 20th 1886

4. Place of Birth, (Street and Number)

221 N. Carey

5. Full Name of Mother,

Rachel Barnett

6. Mother's Maiden Name,

" Simmons

7. Mother's Birthplace,

N. Orleans

8. Full Name of Father,

J. Joseph Barnett

9. Father's Occupation,

Clerk Salesman

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

John A. ...

Address,

Remarks,

Normal birth



RETURN OF A BIRTH ⁸⁷⁶⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



876 f. 5.

birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at such time, the father or mother, or any other person, shall become liable to a fine of not less than \$100 nor more than \$500, and the person or persons who shall be liable to such fine shall be liable to a fine of not less than \$10 nor more than \$50 for each offense to be committed after the first offense.

4

[Handwritten signature]
HARRIS DEPARTMENT
[Handwritten initials]
Aug - 20 1968

~~20 RYME Ave~~

Pauline Struble

Pauline Runko.

New York

Henry Thiele

Butcher, Neal
Dell

Baltimore
M. Schirach

Adm. L. H. de Hamb.

Healthy Child

[illegible]

RETURN OF A BIRTH

87686

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, July 20 1886
 4. Place of Birth, (Street and Number) 1 Clarkson Alley
 5. Full Name of Mother, Isabella Turner
 6. Mother's Maiden Name, Isabella Bordley
 7. Mother's Birthplace, Kent Island Md
 8. Full Name of Father, Samuel Turner
 9. Father's Occupation, Brick yard
 10. Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other Person who makes this Return Caroline Moore
 Address, 50 Race St.
 Remarks,



RETURN OF A BIRTH ⁸⁷⁶⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *July 20/86*
4. Place of Birth, (Street and Number) *Har. 12. Harrow, 108*
5. Full Name of Mother, *Mary. L. Conley*
6. Mother's Maiden Name, *" " Tuttle*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *John. Conley*
9. Father's Occupation, *La. also.*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Bessie Geng.*
- Address, *No. 634. Light St.*
- Remarks,

[illegible]

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of a child shall occur on the first or third day of any month, the certificate shall be filed on the day following the birth of the child. Any person who fails to file a certificate as required, and any such person who fails to report its birth to the Commissioner of Health, in the manner and within the period above required, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH 87688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 121

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, SEP 22 1886

4. Place of Birth, (Street and Number) 382 BALTIMORE MD

5. Full Name of Mother, Ida King

6. Mother's Maiden Name, Wickhamer

7. Mother's Birthplace, Balto Md

8. Full Name of Father, William King

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, M. B. Billingsley

Address, 228 E. Prater

Remarks,

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother or any other person who may be present, shall be liable to a fine of ten dollars for each offense to be recovered by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother or any other person who may be present, shall be liable to a fine of ten dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

87689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 20th 1886*

4. Place of Birth, (Street and Number) *61 David Hill Ave.*

5. Full Name of Mother, *Amelia T. Schmidt*

6. Mother's Maiden Name, *Steinbach*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frederick Schmidt*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Seldner M. D.*

Address, *1809 Eager Caroline Sts.*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁸⁷⁶⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 26th 1886

4. Place of Birth, (Street and Number)

124 E. Laverne St

5. Full Name of Mother,

Louisa Tribull

6. Mother's Maiden Name,

Lauf

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Tribull

9. Father's Occupation,

Bristle Worker

10. Father's Birthplace,

Germany

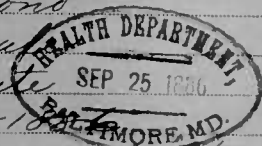
Name of Medical Attendant, or other Person who makes this Return,

S. H. Seldner M. D.

Address,

3 E. Gay St. Baltimore

Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, shall become the duty of the person or persons of such child to record its birth to the Registrar of Vital Statistics, Baltimore City. If the person or persons required, and any such person or persons who shall be required to fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁶⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20th 1887

4. Place of Birth, (Street and Number)

211 N. 4th St.

5. Full Name of Mother,

Anna M. C. Trappes

6. Mother's Maiden Name,

Oriss

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August L. F. Trappes

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

L. H. Seldner M.D.

Address, *116 E. Caroline St.*

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present upon the mother, immediately thereafter it shall become the duty of the person or persons who shall be present to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *20th July 1886*

4. Place of Birth, (Street and Number) *31 Polomac St*

5. Full Name of Mother, *Fanny Bell*

6. Mother's Maiden Name, *Fanny Boone*

7. Mother's Birthplace, *Harford Co*

8. Full Name of Father, *Richd Bell*

9. Father's Occupation, *Labourer on Coal wharf*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Edw Fanning M*

Address, *1227 1st*

Remarks, *Highland*



certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother or any other person present, or any person who may be present, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH ⁸⁴⁶⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

July 25/89

4. Place of Birth, (Street and Number)

41 Low St.

5. Full Name of Mother,

Rachael Rife

6. Mother's Maiden Name,

Epstein

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Simon Rife

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return,

A. W. P. Thompson M.D.

Address,

88 E. Baltimore

Remarks,

Legitimized



RETURN OF A BIRTH

87694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20 - 1886

4. Place of Birth, (Street and Number)

14 S. Wall St.

5. Full Name of Mother,

Anna Albert

6. Mother's Maiden Name,

Linke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Albert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

151 E Pratt St.

Remarks,



RETURN OF A BIRTH ⁸⁷⁶⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, July 20 - 1886

4. Place of Birth, (Street and Number) 136 S. Bond St.

5. Full Name of Mother, Annie Brandt

6. Mother's Maiden Name, Ammer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Wm Brandt

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Harry Shinn or other Person who makes this Return.

Address, 151 E. Pratt St.

Remarks, _____



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person failing to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 20th 1886

4. Place of Birth, (Street and Number)

No 710 3rd St. Highland

5. Full Name of Mother,

Katie Weinhold

6. Mother's Maiden Name,

Hucht-

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

George Weinhold

9. Father's Occupation,

Milk dealer

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Wm R. Bellis

Address,

48 Hall and St.

Remarks,



RETURN OF A BIRTH 87697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 July

4. Place of Birth, (Street and Number) Balto Ind 202 Crocker St.

5. Full Name of Mother, Betsy Louise Rice

6. Mother's Maiden Name, Cornell

7. Mother's Birthplace, Orlean County New York

8. Full Name of Father, Geo W Rice

9. Father's Occupation, Cas Repairer

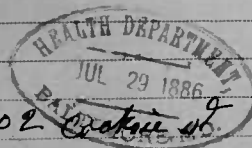
10. Father's Birthplace, Balto Ind

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs Ettel
136 13 Calver St
Baltimore



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in the regulations of the Board of Health, and any person who fails to do so, or who reports the birth of such child in an untrue or incorrect manner, shall be liable to the fine of ten (\$10) dollars for each offense to be recovered.

Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or Practitioner of Midwifery, or should to other person be in attendance upon the mother, immediately after the birth of the child, the person so attending shall be required to file with the Office of Health, in the manner and within the period already required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 87698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 20 - 1886

4. Place of Birth, (Street and Number) Maternite Hospital

5. Full Name of Mother, Annie Schumacher

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Germany

8. Full Name of Father, —

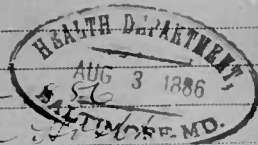
9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. Chas. H. Fitch M.D.

Address, Maternite Hospital

Remarks, —



certificates, between the first and third day of each and every month, to the Board of Health. In case the
parent or person in charge of a child, or a practitioner of midwifery, or
any other person, should neglect to comply with the provisions of this section, he or she shall be subject
to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health. In the manner, and
within the period aforesaid, the parent or person in charge of a child, or a practitioner of midwifery, or
any other person, shall cause to be recorded as either dies and burial, or as resuscitated.

RETURN OF A BIRTH⁸⁷⁶⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20. 1886
4. Place of Birth, (Street and Number) 82 E. Eager St.
5. Full Name of Mother, Molly Nealey
6. Mother's Maiden Name, Parsons
7. Mother's Birthplace, Tucker County, Md
8. Full Name of Father, York Connor N. Nealey
9. Father's Occupation, Blacksmith
10. Father's Birthplace, York County Pa.
Name of Medical Attendant, or other Person who makes this Return Marbury Shaver M.D.
Address, 68 N. Calhoun St.
Remarks, _____



be in attendance upon the birth of a child, or should no other person be in attendance upon the birth of a child, the physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, in the manner and form required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, July 21/86

4. Place of Birth, (Street and Number) No 290 Chlice Street

5. Full Name of Mother, Louise Minstermann

6. Mother's Maiden Name, Holzhauser

7. Mother's Birthplace, Germany

8. Full Name of Father, George Minstermann

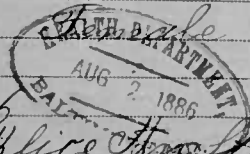
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Sprift

Address, No 142 S. Washington St

Remarks,



Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who fail to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st July 1881
4. Place of Birth, (Street and Number) 121st St. East Road
5. Full Name of Mother, Emma Tessa
6. Mother's Maiden Name, Emma Leaf
7. Mother's Birthplace, Germany
8. Full Name of Father, Arman Tessa
9. Father's Occupation, Labourer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this return, Medical Director
- Address, 121st St. East
- Remarks,

RETURN OF A BIRTH

8/1/02

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21, 1886

4. Place of Birth, (Street and Number)

400 N. Fulton St

5. Full Name of Mother,

Mary Agnes Lee

6. Mother's Maiden Name,

St. Clair

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Mr. W. Lee

9. Father's Occupation,

City Sanitary Inspector Plumbing

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other Person who makes this Return

W. Linsley M.D.

Address,

386 Grand Hill Ave

Remarks,



Be it enacted, that any person who shall neglect or refuse to report the birth of any child, or the death of any person, or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined not more than five dollars, or imprisoned not more than thirty days, or both, at the discretion of the court, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined not more than five dollars, or imprisoned not more than thirty days, or both, at the discretion of the court, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined not more than five dollars, or imprisoned not more than thirty days, or both, at the discretion of the court.

RETURN OF A BIRTH 87703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July - 21

4. Place of Birth, (Street and Number) 134 Scott St.

5. Full Name of Mother, Eva Otter

6. Mother's Maiden Name, Eva Korwak

7. Mother's Birthplace, Hürzburg Germany

8. Full Name of Father, John Otter

9. Father's Occupation, Marble Cutter

10. Father's Birthplace, Herren Cappel. Germany.

Name of Medical Attendant, or other Person who makes this Return. Chas. Bange

Address, 426 Cross St

Remarks,



RETURN OF A BIRTH. 87704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether ~~male or female~~)...

2. Race or Color, (if not of the white race).

4. Place of Birth, (Street and Number).....

5. Full Name of Mother, Maggie Rosasco

6. Mother's Maiden Name. — Ellen — Green

7. *Mother's Birthplace.*

8 Full Name of Father *Pantilones Rosasco*

2. Father's Occupation *Publican*

10. Father's Birthplace J. H. L.

Name of Medical Attendant, or other Person who makes this Return.

Address, ..

Remarks.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present as an assistant upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so required to fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5d Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21st 1886

4. Place of Birth, (Street and Number)

No 29 Harrison St

5. Full Name of Mother,

Anna Otto

6. Mother's Maiden Name,

Anna Rausch

7. Mother's Birthplace,

Saxony Weimar Germany

8. Full Name of Father,

Oscar Otto

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return.

Wm. H. J. Spence

Address,

1228 E. Lincoln St. Baltimore

Remarks,

R.R.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each failure to be provided as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a physician or midwife or should to other persons be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered in the usual manner, and as other laws and regulations are recoverable.

RETURN OF A BIRTH 87707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 21 - 1886*

4. Place of Birth, (Street and Number) *4 Jenkins Alley*

5. Full Name of Mother, *Gollie Brown*

6. Mother's Maiden Name, *Gollie Smith*

7. Mother's Birthplace, *Cardinal Co Va*

8. Full Name of Father, *Marshall Brown*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Albemarle Co Va*

Name of Medical Attendant, or other Person who makes this Return, *Hester Moten*

Address, *38 Monument St*

Remarks,



RETURN OF A BIRTH

84708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

July 21st

4. Place of Birth, (Street and Number)

2. Oxford Street

5. Full Name of Mother,

Jenni Blaney

6. Mother's Maiden Name,

King

7. Mother's Birthplace,

Green Co. Va

8. Full Name of Father,

George W. Blaney

9. Father's Occupation,

Labour

10. Father's Birthplace,

Lebanon Co Virginia

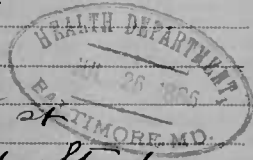
Name of Medical Attendant, or other Person who makes this Return.

Adrian Johnson

Address,

94. Tyson street

Remarks,



be in attendance upon the birth of a child, and if a physician or person who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the provisions of this section, shall be subject to the fine of \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any of any child shall occur within the jurisdiction of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JUL 27 1886
BALTIMORE, MD.

16th

- Wm
Whitz
July 21st 1886
299 Corn St
Elizabeth
" Mich
N Jersey
Engel
Class
Carrington

who *Thompson Co. N.Y.*
Mr.

46. H. ...

[illegible]

Part of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately after it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH 87711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st July

4. Place of Birth, (Street and Number) 336 N. Preston St.

5. Full Name of Mother, Emma Swann

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, Balts.

8. Full Name of Father, Thomas Swann

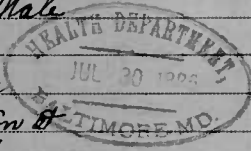
9. Father's Occupation, Plumber & Store House

10. Father's Birthplace, Balts.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Greeny

Address, 466 N. Gay St.

Remarks,



RETURN OF A BIRTH, 87713

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Birth

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 21st of July

4. Place of Birth, (Street and Number) Baltimore 594 Light Street

5. Full Name of Mother Mrs Annie Strauss

6. Mother's Maiden Name Miss Annie Peterback

7. Mother's Birthplace Baltimore

8. Full Name of Father Mr. John Strauss

9. Father's Occupation Labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Donaldson

Address No 23 Bayrd Street

Remarks Mother and child doing well, no complications



87714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

(c) If any child shall occur without the payment of a license or practitioner fee by the person or persons who are responsible therefor, it shall become the duty of the physician or parents of such person to be attempted upon the mother, immediately thereafter b shall become the duty of the person or parents of such person to report 1/8 birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

be in full compliance with the provisions of this Act, or shall be subject to the fine of \$10 (ten dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{over} 84716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katherine M.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Aug 21 1886

4. Place of Birth, (Street and Number) 212 E. Cor. Mt. & Pleasant

5. Full Name of Mother, Mary Callahan

6. Mother's Maiden Name, Mary Griffin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Callahan

9. Father's Occupation, Chen

10. Father's Birthplace, Baltimore

Name of Medical Attendant, John F. Pennington, M.D. or other Person who makes this Return

Address, 212 E. Cor. Mt. & Pleasant

Remarks, _____



RETURN OF A BIRTH. 87717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *July 21 1886*

4. Place of Birth, (Street and Number) *#34 N Spring St.*

5. Full Name of Mother, *Bertha Esell*

6. Mother's Maiden Name, *Bautegam*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Oscar Esell*

9. Father's Occupation, *Miner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Anna Hillegast*

Address, *#216 Monument St.*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of the father, or of the person who shall hereafter be designated, to call to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

Section 100 of the Code of Baltimore, 1886, and the Act of the General Assembly of 1885, relating to the registration of births, require that the birth of every child shall be reported to the Commissioner of Health, by the physician or practitioner of midwifery, or about no other person, within the time specified in the Act. The Commissioner of Health, in turn, shall report the birth of every child to the Commissioner of Health, in the manner and at the time required, and any such person who fails to do so, shall be liable to the fine of ten (\$10) dollars for each offense in so far as he may be concerned.

RETURN OF A BIRTH. ⁸⁷⁷¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 21st 1886
4. Place of Birth (Street and Number) #16 Holland St.
5. Full Name of Mother, Christina Wenger
6. Mother's Maiden Name, " Walter
7. Mother's Birthplace, Germany
8. Full Name of Father, L. B. Wengert
9. Father's Occupation, German
10. Father's Birthplace, Germany



Name of Medical Attendant, or other Person who makes this Return.

Mrs. Anna Hilgenst

Address,

#182 E. Monument St.

Remarks,

RETURN OF A BIRTH ⁸⁷⁷¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22 / 86

4. Place of Birth, (Street and Number) Bell air Ave

5. Full Name of Mother, Magg Pittman

6. Mother's Maiden Name, Magg Funk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Nichas Pittman

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, High Line Barron

Address, Cheston near Bell air Ave

Remarks, —



be in site
ances upon
the mother,
immediately
thereafter it
shall become
the duty of
the person or
parents of such
child, to
cause the
same to be
registered
within the
period above
prescribed,
and any such
person
neglecting to
do so shall be
subjected to
the fine of ten
(\$10) dollars
for each
offense to be
recovered as
other fines
and forfeitures
are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 22 July

4. Place of Birth, (Street and Number) N. 50 S. Pappellton

5. Full Name of Mother, Rose Schmitz

6. Mother's Maiden Name, Schmitz

7. Mother's Birthplace, Germany

8. Full Name of Father, Dr. Hammett

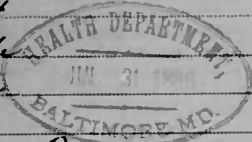
9. Father's Occupation, Bar Bricklayer Iron

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Susan Shuster

Address, 21 N. Pappellton St

Remarks,



certificate between the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or midwife, or any other person, and that the birth of any child shall be in attendance upon the mother, immediately before, during, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 87721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22-1886

4. Place of Birth, (Street and Number) Baltimore St 170

5. Full Name of Mother, Mary E. Garber

6. Mother's Maiden Name, Mary E. Queen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John T. Garber

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. S. Kelley

Address, 10797 Pratt St

Remarks, _____



be its attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 84722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 22^d 1886

4. Place of Birth, (Street and Number)

741 W Pratt

5. Full Name of Mother,

Mollie C. Rawlings

6. Mother's Maiden Name,

Mollie C. Cook

7. Mother's Birthplace,

St Marys Co - Md

8. Full Name of Father,

Thomas J Rawlings

9. Father's Occupation,

Ironer Brook

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. H. Saxton M.D.

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above specified, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

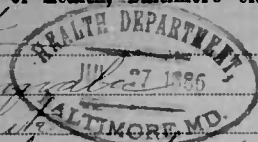
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH ⁸⁷⁷²⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

22nd July

4. Place of Birth, (Street and Number)

136 Myrtle Ave

5. Full Name of Mother,

Mrs Annie Schaffmann

6. Mother's Maiden Name,

Mrs Annie Schürger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mrs Julius Schaffmann

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Wilhelmine Mennel

Address,

N. 8 Pearl Street

Remarks,

report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 877-25

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 22 86*

4. Place of Birth, (Street and Number) *168 English St.*

5. Full Name of Mother, *Mrs. Lora Lynch*

6. Mother's Maiden Name, *Lora Harrison*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Edward Lynch*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant,

or other Person who makes this Return

Dr. L. E. Smith

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22nd 1888

4. Place of Birth, (Street and Number) 12 Hammond Alley

5. Full Name of Mother, Lora Williams

6. Mother's Maiden Name, —M. H. V.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Pete Williams

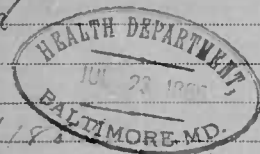
9. Father's Occupation, Laborer

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return, Mrs. H. H. H. H. H.

Address, 1441 D Bond St.

Remarks,



report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of July 1906
4. Place of Birth, (Street and Number) No. 37 James
5. Full Name of Mother, Mary Gentry
6. Mother's Maiden Name, Mary Fowler
7. Mother's Birthplace, Breun
8. Full Name of Father, Frank Gentry
9. Father's Occupation, Laborer
10. Father's Birthplace, Breun
- Name of Medical Attendant, or other Person who makes this Return, Delina Orishaler
- Address, No. 28 Wood St
- Remarks, _____



report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 of July 1888

4. Place of Birth, (Street and Number) 116 1/2 N. E. Gate, Md.

5. Full Name of Mother, Bessie Lippell

6. Mother's Maiden Name, Bessie Herwise

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Lippell

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Delia Quishler

Address, 415 West St

Remarks,

RETURN OF A BIRTH 87729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 22nd 1886

4. Place of Birth, (Street and Number)

1490 West Lexington Street

5. Full Name of Mother,

Margareth Hager

6. Mother's Maiden Name,

Margareth Naturn

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph Hager

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Susan Shuster

Address,

21 W Poppleton St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who reports a birth in violation of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recordable

RETURN OF A BIRTH 877.30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 2 1886*

4. Place of Birth, (Street and Number) *709 E. 1st*

5. Full Name of Mother, *Elizabeth Sheppard*

6. Mother's Maiden Name, *Anderson*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Fred. McDonald*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *J. Schwaerz Midwife*

Address, *300 Harrison St.*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 26 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Louise Blumer

6. Mother's Maiden Name,

Gering

7. Mother's Birthplace,

America

8. Full Name of Father,

Joseph Blumer

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. L. Schwasser, M.D.

Address,

330 Hannover St.

Remarks,

be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons at each child to report the birth to the Registrar of Vital Statistics, and if the Registrar shall find that the person or persons have failed to do so, he shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{877.32}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd of July 1886*

4. Place of Birth, (Street and Number) *15 North Durham Street*

5. Full Name of Mother, *Frances Neulen*

6. Mother's Maiden Name, *Frances Neutz*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Martin Neutz*

9. Father's Occupation, *Box maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined in any dollar for each offense to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87/33}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, of other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT
BALTIMORE, MD.
Female
White
July 23rd 1856
241. William St
Amelia Jacob
Amelia Browning
Baltimore
John Jacob
Brick Maker
Baltimore
J B Noble M.D.
58 Warren St

RETURN OF A BIRTH 87734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child.*

1. Sex, (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *23rd of July.*

4. Place of Birth, (Street and Number) *27 North Chapel Street.*

5. Full Name of Mother, *Emily Schmidt*

6. Mother's Maiden Name, *Emily Buntz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Buntz*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return, *Grescinka Kunkel*

Address, *71 North Chapel Street per Justina Kunkel.*

Remarks, *Healthy.*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in any court of law and judgments are recoverable.

RETURN OF A BIRTH ⁸⁷⁷³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 2

4. Place of Birth, (Street and Number) 241 North Butler St

5. Full Name of Mother, Agnes Wise

6. Mother's Maiden Name, Agnes Queen

7. Mother's Birthplace, Prince George Co

8. Full Name of Father, Oly Wise

9. Father's Occupation, Laborer

10. Father's Birthplace, accommac Co

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, China St between cross and warner

Remarks,

and of the parent or parents or such child to report the birth to the Board of Health, in the manner and within the period there required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 87736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie Schlosser
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born on July the 13 1886

4. Place of Birth, (Street and Number)

Birth Place Baltimore, Calverly St. No. 2

5. Full Name of Mother,

Lottie Schlosser

6. Mother's Maiden Name,

Lottie Helgrave

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christian Schlosser

9. Father's Occupation,

Carnice Maker

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Miss Minge

Address,

1 Leadenhall St.

Remarks,

GIVEN NAME ADDED. 9-10-53

h.m.

RETURN OF A BIRTH

87737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Friday July 23 1886

4. Place of Birth, (Street and Number) Baltimore No 20 Foster St

5. Full Name of Mother, Alice Fisher

6. Mother's Maiden Name, Alice Wilson

7. Mother's Birthplace, Northampton

8. Full Name of Father, John W. Fisher

9. Father's Occupation, Worker

10. Father's Birthplace, Northampton

Name of Medical Attendant, or other Person who makes this Return, Dr. J. J. Duval

Address, No 9 Foster Street

Remarks,

See 12. when certificate is given for the first time. In case of a child born within the period above required, and any such person report the birth to the Registrar of Health, in the manner and within the time above required, and any such person who shall be found to have failed to do so, shall be liable to a fine of not less than \$10, nor more than \$50, for each offence.

RETURN OF A BIRTH 87738

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 23rd 1886

4. Place of Birth, (Street and Number)

207 Clifton Place

5. Full Name of Mother,

Mary Alice Holmes

6. Mother's Maiden Name,

Mary Alice Steet

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Holmes Jr

9. Father's Occupation,

Plater

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return

Mrs. Woodem

Address,

Remarks,

120 Greenmount Ave



RETURN OF A BIRTH. 87739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth *born July 23 1886*
4. Place of Birth, (Street and Number) *25 rice street*
5. Full Name of Mother, *Mary Green*
6. Mother's Maiden Name, *Mary Thomas*
7. Mother's Birthplace, *Delaware county N.C.*
8. Full Name of Father, *Henry Green*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Mary C. Jones

Address,

Remarks,



birth of any child shall occur without the attendance of a Physician or practitioner of some other profession, or some other person, who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, to report the birth of the child to the Commissioner of Health, in the manner and within the period, where required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH

87740

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23rd of July

4. Place of Birth, (Street and Number)

81 S Poppleton St

5. Full Name of Mother,

Bridget Luaid M^cCartney

6. Mother's Maiden Name,

Bridget Luaid

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick M^cCartney

9. Father's Occupation,

Bailer M^caker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

M^cRe & Ross

Address,

128 S Poppleton St.

Remarks,

CERTIFICATE CORRECTED 4/20/49

RETURN OF A BIRTH 8774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex. (state whether male or female) *Myrtle Mershaw*

2. Race or Color. (~~if not~~ of the white race)

3. Date of Birth. *7.23.86.*

4. Place of Birth. (Street and Number) *26 Carey St*

5. Full Name of Mother. *Addie Mershaw*

6. Mother's Maiden Name. *Foster*

7. Mother's Birthplace. *Baltimore Md*

8. Full Name of Father. *Merrill Mershaw*

9. Father's Occupation. *Engraver*

10. Father's Birthplace. *Baltimore Md*

Name of Medical Attendant. *or other Person who makes this Return* *Levin W Eastman*

Address. *349 Lexington*

Remarks. *Natural*



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the birth of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars or can be ordered to be recovered as other laws and penalties are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁷⁴²_(over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Louis N. Maccebin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 July

4. Place of Birth, (Street and Number)

320 N. Bond St

5. Full Name of Mother,

Mary W. McCullino-Maccebin

6. Mother's Maiden Name,

" " Smith

7. Mother's Birthplace,

Balts

8. Full Name of Father,

Richard W. McCullino Maccebin

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balts

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Julia Groom

Address,

466 N. Gay St

Remarks,

RETURN OF A BIRTH.

87743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 23^d 1886

4. Place of Birth, (Street and Number) N 656 Light st

5. Full Name of Mother, Laisy Nogle

6. Mother's Maiden Name, Laisy Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Laisy Nogle

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Florman

Address, N^o 18 Pynd st

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

repays its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁷⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Born July 23, 1886*

4. Place of Birth, (Street and Number) *907 West Baltimore str.*

5. Full Name of Mother, *Rebecca Cohen*

6. Mother's Maiden Name, *Rebecca Loringsson*

7. Mother's Birthplace, *Russia Poland*

8. Full Name of Father, *Leino Cohen*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia Poland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Sommer*

Address, *60 North Charles St.*

Remarks,



RETURN OF A BIRTH ⁸⁷⁷⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22 of June*

4. Place of Birth, (Street and Number) *440 Canton*

5. Full Name of Mother, *Anna Lichtziger*

6. Mother's Maiden Name, *= Schneers*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *August Lichtziger*

9. Father's Occupation, *Beer Saloon*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return, *Mrs G. Weiss*

Address, *424 Lancaster St.*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



See instructions upon the Mother, Informant, or other Person who makes this Return, for the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and regulations are enforceable.

RETURN OF A BIRTH ⁸⁷⁷⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 21

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



July 28 1892
N. E. Edmonds
Emma King
Carstairs
Balto
Charles C King
Carpenter
Balto

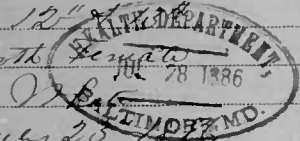
M. B. Billingsley
228 E. Preston

report the birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons failing to do so, or any person or persons who shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁷⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

12
Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 28 1886

4. Place of Birth, (Street and Number)

286 I. Avenue N

5. Full Name of Mother,

Lena Buckhies

6. Mother's Maiden Name,

Lena Fetters

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Peter Buckhies

9. Father's Occupation,

Latimer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

D. A. Cooke M.D.

Address,

110 Fort av

Remarks,

RETURN OF A BIRTH ⁸⁷⁷⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucas

3. Date of Birth, July 23 - 1886

4. Place of Birth, (Street and Number) 86 S. Spring St.

5. Full Name of Mother, Mary L. Young

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Not known

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E. Pratt St.

Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁷⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *23 July 1886*

4. Place of Birth, (Street and Number) *14 Baltimore Street 432*

5. Full Name of Mother, *Maggie Rust*

6. Mother's Maiden Name, *Maggie Snoop*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Friedrich Wilhelm Rust*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *A. E. Weisbord*

Address, *211 N Howard Street*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁷⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28th July

4. Place of Birth, (Street and Number) 273 W. Pratt St.

5. Full Name of Mother, Rachael Eckhardt

6. Mother's Maiden Name, " Greenford

7. Mother's Birthplace, New York

8. Full Name of Father, George Eckhardt

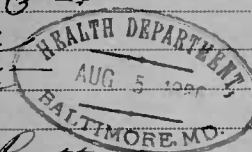
9. Father's Occupation, butcher

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. E. L. Brandon

Address, 166 S. Essex St.

Remarks, _____



RETURN OF A BIRTH 87751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



July 23
Cook's St

Mary Brady

Mary Jay

Ireland

Lancel i Brady

Labaner

Ireland

Mrs. Etzel

No 13 Cuba St

Baltimore

RETURN OF A BIRTH

87752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

21st of July 1886

4. Place of Birth, (Street and Number)

49 Harrison

5. Full Name of Mother,

Jenny Mulgro

6. Mother's Maiden Name,

Maculgy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Mulgro

9. Father's Occupation,

Store-keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

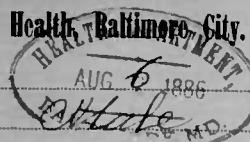
72 E. Gontard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

W^o July 24/86

W^o 124 St. Chappel St.

Dora Fleiger

Kähler

Germany

William Fleiger

Baker

Germany

Mrs. Louise Kraft

W^o 142 S. Washington St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

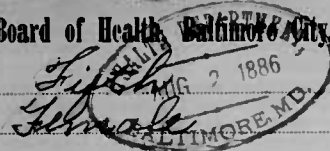
Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

DATE MADE 3-31-60

87754



Gertrude Allen
Fifth
Female
July 24 '86
178 Chew St.
Elizabeth Allen
Lenkins
Baltimore
Chas. H. Allen
Printer
Baltimore Md.
Mary A. Russell
886 Mc Donogh st.

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July the 2^d

4. Place of Birth, (Street and Number)

Lombard st. No 767

5. Full Name of Mother,

Catharine Johnson

6. Mother's Maiden Name,

Catharine Hurbert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Johnson

9. Father's Occupation,

Seamstress

10. Father's Birthplace,

Harrisburg

Name of Medical Attendant, or other Person who makes this Return.

Mrs S. G. Kelly

Address,

No 777 Pratt st

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

87756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 24th July 1886

4. Place of Birth, (Street and Number) 198 Mullikin St

5. Full Name of Mother, Susan Rebecca Harris

6. Mother's Maiden Name, Susan Rebecca Jones Holmes

7. Mother's Birthplace, Hartford County, Md

8. Full Name of Father, J. C. Harris

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Susan Morgan

Address, No 47 W. Durham St

Remarks,



RETURN OF A BIRTH. ⁸⁷⁷⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth *born July 24 1889*
4. Place of Birth, (Street and Number) *118 Vincent alley*
5. Full Name of Mother, *Martina Thomas*
6. Mother's Maiden Name, *Martina Thomas*
7. Mother's Birthplace, *Calvert County County Md*
8. Full Name of Father, *George Thomas*
9. Father's Occupation, *road carrier*
10. Father's Birthplace, *Calvert County Md*

Name of Medical Attendant, or other Person who makes this Return, *Mary C. Jones*

Address,

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person failing to do so shall be liable to a fine of not more than five dollars, and any person who shall be subjected to the fine of five dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Every person who becomes the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above required, and any such person who fails to do so shall be liable to a fine of not more than \$100, and shall be subjected to the fine of not more than \$100 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th July

4. Place of Birth, (Street and Number) 140 Chas S Dallas

5. Full Name of Mother, Monell V Shouberge

6. Mother's Maiden Name, " " Hall

7. Mother's Birthplace, Howard County

8. Full Name of Father, Joly Shouberge

9. Father's Occupation, Laborer

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other Person who makes this Return Mrs Julia Green

Address, 466 N Gay St

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each return to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 24, 1886*
4. Place of Birth, (Street and Number) *E. Fayette St. No 232*
5. Full Name of Mother, *Anna Klepper*
6. Mother's Maiden Name, *Anna Lange*
7. Mother's Birthplace, *Braunschweig, N. Prussia, Germany*
8. Full Name of Father, *Karl Klepper*
9. Father's Occupation, *Upsholder*
10. Father's Birthplace, *Hassel, N. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this return. *Mary E. Müller*

Address, *N. Dallas St No 26*

Remarks,



RETURN OF A BIRTH 87760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22, 1886

4. Place of Birth, (Street and Number) New Chappel St. No. 140

5. Full Name of Mother, Caroline Gieseler

6. Mother's Maiden Name, Caroline Spangenberg

7. Mother's Birthplace, Ball's City

8. Full Name of Father, Heinrich Gieseler

9. Father's Occupation, Painter

10. Father's Birthplace, Ball's City

Name of Medical Attendant, or other Person who makes this return, Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period and under the penalty and any such person or persons who shall thereafter fail to do so, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 87761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



RETURN OF A BIRTH 87762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 21st 1886*

4. Place of Birth, (Street and Number) *219 Illinois st*

5. Full Name of Mother, *Hellor Murren*

6. Mother's Maiden Name, *Heller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Paul Murren*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Lizzy Betz*

Address, *120 Broadway*

Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24

4. Place of Birth, (Street and Number)

38 Ryan St Baltimore

5. Full Name of Mother,

Annie Maguire

6. Mother's Maiden Name,

Annie Murphy

7. Mother's Birthplace,

Green St Wexford Ireland

8. Full Name of Father,

John Maguire

9. Father's Occupation,

Iron Molder

10. Father's Birthplace,

Main St Wexford Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Seabough

Address,

Remarks,



RETURN OF A BIRTH. 87764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 24th

4. Place of Birth, (Street and Number) 46 Camden St.

5. Full Name of Mother, Amelia S. Smith

6. Mother's Maiden Name, Amelia Schuman

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George H. Smith

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Harvey Hill M.D.

Address, 127 Arlington Ave

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period, above required, and any person who neglects to do so, shall be liable to a fine of ten dollars for each offence to be recovered as other laws and forfeitures are recoverable.

For attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and if any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *July 24th 1886*

4. Place of Birth, (Street and Number) *#132 Somerset St.*

5. Full Name of Mother, *Mary Keimig*

6. Mother's Maiden Name, *Schneider*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *John Keimig*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Anna Hillegast*

Address, *#182 Monument St.*

Remarks,



Be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-15-56
RETURN OF A BIRTH

87766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William A. Dorsey
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

24th July 1886

4. Place of Birth, (Street and Number)

88 E. Ave.

5. Full Name of Mother,

Caroline Dorsey

6. Mother's Maiden Name,

Kennard

7. Mother's Birthplace,

City

8. Full Name of Father,

Robert Dorsey

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

E. P. Jones M.D.

Address,

875 East Baltimore St.

Remarks,

RETURN OF A BIRTH

87767

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. ~~1st~~, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 24th 1886*

4. Place of Birth, (Street and Number) *25- Wyoming St-*

5. Full Name of Mother, *Annie C. Allason*

6. Mother's Maiden Name, *Annie C. Schroder*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Thomas Robert Allason*

9. Father's Occupation, *Laborer*

10. ~~1st~~ Father's Birthplace, *N. Y. City*

Name of Medical Attendant, or other Person who makes this Return

Address, *88 Hammond St*

W^m Connel M.D.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 87768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Eva Stockmann
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 25th 1886

AUG 2 1886

4. Place of Birth, (Street and Number)

No 355 Bait St.

5. Full Name of Mother,

Susie Stockmann

6. Mother's Maiden Name,

Schorr

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Stockmann

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

No 142 S Washington St.

Remarks,

GIVEN NAME ADDED 10-30-56

H.M.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁷⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, July 24

4. Place of Birth, (Street and Number) No 63 South Street

5. Full Name of Mother, Mary Sippert

6. Mother's Maiden Name, Waldmüller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sebastian Sippert

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Miss Louise Kraft

Address, No 142 S Washington St

Remarks, _____

RETURN OF A BIRTH, 87770

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

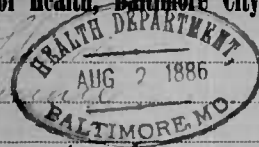
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child
1. Sex (state whether male or female) male Full time Healthy child
2. Race or Color, (if not of the white race) colored
3. Date of Birth July 25th 1896
4. Place of Birth, (Street and Number) Baltimore 17 Hammond St.
5. Full Name of Mother Benetta Brown
6. Mother's Maiden Name "N." Brown
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Solomon Brown
9. Father's Occupation Farmer or Weaver
10. Father's Birthplace Anna, Randall Co
Name of Medical Attendant, or other Person who makes this Return. Mrs. Thompson
Address 9 Baltimore Blythe St. Edin. St.
Remarks Health and Child are Well

Report by this Office to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this article, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

July 25 '86
189 Fairmount Ave.
Eliza H. Rever
Wiborn
Md.
George L. Rever
Carpenter
Baltimore Md
Mary M. Howell

RETURN OF A BIRTH⁸⁷⁹⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 25 1886

4. Place of Birth, (Street and Number) 283 Bond street

5. Full Name of Mother, Isaac E. Smith

6. Mother's Maiden Name, Sarah E. Jones

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Henry Smith

9. Father's Occupation, Mariner

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 171

Address, Patterson Park Avenue

Remarks,



When the birth is in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁷⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 of July 1886

4. Place of Birth, (Street and Number) 12 Forrest St.

5. Full Name of Mother, Sarah Holland

6. Mother's Maiden Name, Sarah Engle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Holland

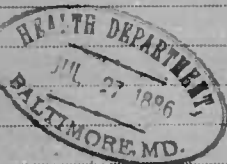
9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return, Mrs Christina Law

Address, 173 Maryland Ave

Remarks, 1886



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 25 of June 1886

4. Place of Birth, (Street and Number) 227 E. Lexington

5. Full Name of Mother, Kate Smith

6. Mother's Maiden Name, William Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Smith

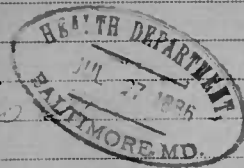
9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. M. Jones

Address, 173 Bedford Ave

Remarks, 1886.



RETURN OF A BIRTH ^{87775^}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 25-4*

4. Place of Birth, (Street and Number) *4 Haws St*

5. Full Name of Mother, *Elizabeth Schneider*

6. Mother's Maiden Name, *Elizabeth Haman*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *L. J. von Schneider*

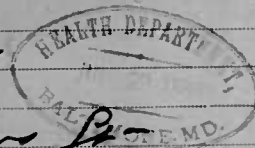
9. Father's Occupation, *Labour*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Mrs. Slep*

Remarks, *24 Columbia Ave*



Report is made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 84776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

25th of July 1886

4. Place of Birth, (Street and Number)

144 Hulls Lane

5. Full Name of Mother,

Mary Augusta Johnson

6. Mother's Maiden Name,

Mary Augusta Wright

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Keechey Johnson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Susan Morgan

Address,

16 47 N. Lusham

Remarks,



Persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 87777

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fifth
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 15th 1886

4. Place of Birth, (Street and Number)

252 N Bond St

5. Full Name of Mother,

Ida V Wheeler

6. Mother's Maiden Name,

Ida V Crosby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas H Wheeler

9. Father's Occupation,

Can Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Samuel B. Powell M.D.

Address,

29 Arisquith St.

Remarks,

RETURN OF A BIRTH,

87775

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth Sunday 20 clock P.M. July 25th 1886

4. Place of Birth, (Street and Number) 15 Polouac St

5. Full Name of Mother Sally Black

6. Mother's Maiden Name Sally Kyes

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Dolphas Black

9. Father's Occupation Printer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Richard, M.D.

Address 28 O'Donnell St

Remarks Both Mother and Child doing well

Natural and easy labor 4 hours duration

name of the mother of such child or children.

RETURN OF A BIRTH, ⁸⁷¹⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 25. 86

4. Place of Birth, (Street and Number)

S.E. Cor. Pullington & Fremont Sts

5. Full Name of Mother

Lizzie H. Milby

6. Mother's Maiden Name

" " Brownley

7. Mother's Birthplace

Millersville Md

8. Full Name of Father

Arthur R. Milby

9. Father's Occupation

Bruggist

Father's Birthplace

Marysville Pa

Name of Medical Attendant, or other Person who makes this Return.

H. W. H. W.

Address

484 W. Lombard St

Remarks

RETURN OF A BIRTH

8/7/80

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 1st 1880*

4. Place of Birth, (Street and Number) *Liberty St. No. 34*

5. Full Name of Mother, *Anna Lamp*

6. Mother's Maiden Name, *Anna Trislauf*

7. Mother's Birthplace, *Heilgerdorp Prussia Germany*

8. Full Name of Father, *Georg Lamp*

9. Father's Occupation, *Stone Cutter*

10. Father's Birthplace, *Silz Prussia Germany*

Name of Medical Attendant, or other Person who makes this return, *Mary E. Müller*

Address, *No. Dallas St. No. 26*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July the 25, 1886

4. Place of Birth, (Street and Number) S. Bond St. No. 141

5. Full Name of Mother, Sophia Laupus

6. Mother's Maiden Name, Sophia Wiedemeyer

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Henry Laupus

9. Father's Occupation, Salon Keeper

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St No. 26

Remarks, _____

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH ⁸⁷⁷⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

girl

Caroline Fisher

2. Race or Color, (if not of the white race)

3. Date of Birth,

15th July

4. Place of Birth, (Street and Number)

Light street 463

5. Full Name of Mother,

Margaretha Fischer

6. Mother's Maiden Name,

Do. Schüssler

7. Mother's Birthplace,

Diedelsheim (Germany)

8. Full Name of Father,

Severich Fischer

9. Father's Occupation,

He works for F. W. Felger and Son

10. Father's Birthplace,

Altenorf (Germany)

Name of Medical Attendant, or other Person who makes this Return.

Dr. August B. B. B.

Address,

2534 Mary Street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

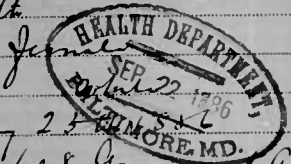
RETURN OF A BIRTH

87783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

July 25 1886
408 Green Street An

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary E. Roisher

6. Mother's Maiden Name,

Haltart

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Julien Roisher

9. Father's Occupation,

laborer

10. Father's Birthplace,

Balto Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. B. Billingsley

Address,

228 E. Preston

Remarks,

RETURN OF A BIRTH 87784

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First one

1. ☒ (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 25 - 1886

4. Place of Birth, (Street and Number)

546 West Fayette St.

5. Full Name of Mother

Hattie Hule Troupe

6. Mother's Maiden Name

Hattie Ella Hule

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father

Calvin F. Troupe

9. Father's Occupation,

Gen. Special Agt. Mutual Life Ins. Co. N.Y.

10. Father's Birthplace

Germania Ohio

Name of Medical Attendant,

or other Person who makes this Return

Thos. A. Brewster M.D.

Address,

280 Madison Ave.

Remarks,



RETURN OF A BIRTH

87785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Bruce at July 25th 1886*

4. Place of Birth, (Street and Number) *Bruce at No number*

5. Full Name of Mother, *Charity Waters*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Calvert co Md*

8. Full Name of Father, *Tom Waters*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Fredensick co*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Rollins*

Address, _____

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the period above required, and on such return or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁷⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25th of July

4. Place of Birth, (Street and Number)

235 Front St.

5. Full Name of Mother,

Maggie Schultz

6. Mother's Maiden Name,

Carroll

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Herman Schultz

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

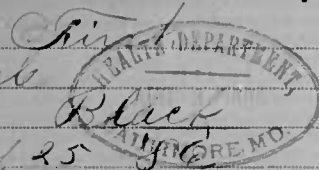
Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so designated to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be levied as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

O. Lewis M.D.
Maternity

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

82788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 28

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Annie Brooks

6. Mother's Maiden Name,

Abesomilie

7. Mother's Birthplace,

Bremen Canada

8. Full Name of Father,

Samuel D. Brooks

9. Father's Occupation,

Lin. mabes

10. Father's Birthplace,

Washington

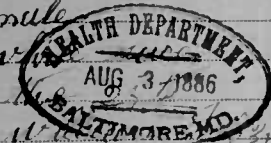
Name of Medical Attendant, or other Person who makes this Return.

Elizabeth G. Gathorn

Address,

Light St No 532

Remarks,



87759

and the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, here required, except in the cases of the births and deaths of illegitimate children, and persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered on other fines and penalties herein provided, and shall be deemed to be guilty of a crime.

152

Female

White

July 25-1896

251 N Carey

Miss Worthington

u Colature

Balt City

Claude Worthington

Insurance Broker

Indrick County, Mo

Wentworth Brewster

68 McCulloch Jr.

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

87790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 23. 18.86

4. Place of Birth (Street and Number)

297 Green St

5. Full Name of Mother

Maria Chapman

6. Mother's Maiden Name

Thomas

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas J. Clark

9. Father's Occupation

Laber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Anna Clark

Remarks

or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 87791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
HEALTH DEPARTMENT
AUG 2 1896
156 S. Edmond St.
Mary Weis
Hartmann
Baltimore
Albert Weis
Laborer
Baltimore
Mrs. Louise Kraft
No 142 S. Washington St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 of July 1886

4. Place of Birth, (Street and Number) 272 Maryland Ave

5. Full Name of Mother, Mary Schneider

6. Mother's Maiden Name, Mary Epner

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Schneiders

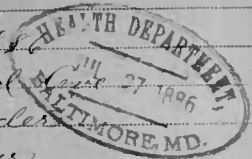
9. Father's Occupation, Clock

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return. Mrs Christina Lauer

Address, 173 Maryland Ave

Remarks, 1886,



87793

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. ☒ (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Negro*
3. Date of Birth, *July 26*
4. Place of Birth, (Street and Number) *32 Ghina Street*
5. Full Name of Mother, *Ell. Scott.*
6. Mother's Maiden Name, *X*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Alford Ross,*
9. Father's Occupation, *diamond*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Sarah Ann Brown,*
Address, *41 Ghina Street,*
Remarks,

87790

جیس

A circular ink stamp from the Health Department of Baltimore, Maryland. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the date "JUL 27 1886" is stamped horizontally. The stamp is slightly tilted and shows some wear.

- (ace)
 July 26th 1886.
 217 Riverside St.
 Maggie L. Bass
 Maggie L. Stodard
 Baltimore City, Md.
 John Bass
 Up holders.
 Equities
 John L. Stodard, Jr.
 273 Lexington St.,
 Baltimore, Md.

John D. Howard M.D.
273 Lexington St.,

John L. P. Stroyer, Jr.
275 Lexington St.

273. ¹¹/₁₀ Lexington St.,

RETURN OF A BIRTH ^{8779.5}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26 1895

4. Place of Birth, (Street and Number) 126 St Paul

5. Full Name of Mother, Hannie G. Hoff

6. Mother's Maiden Name, Hannie Gadsden

7. Mother's Birthplace, New York

8. Full Name of Father, William Hoff

9. Father's Occupation, Merchant

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, C. B. G. M. D.

Address, 57 Cathedral

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 87796

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26, 1886

4. Place of Birth, (Street and Number) 123 Hughes St.

5. Full Name of Mother, M. Small

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, N. Carolina.

8. Full Name of Father, John Small

9. Father's Occupation, Lin. Smith

10. Father's Birthplace, Georgetown D. C.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scadough

Address, 320 Montgomery St.

Remarks,



RETURN OF A BIRTH 87797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Little Girl

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

26th of July 1886

4. Place of Birth, (Street and Number)

No. 2 Brown Lane

5. Full Name of Mother,

Mrs. Caroline Heister

6. Mother's Maiden Name,

Miss Caroline Miller

7. Mother's Birthplace,

Wertenburg Germany

8. Full Name of Father,

Mr. L. Dumsen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bayern Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hallier

Address,

1017 West Pratt St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *87798*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Leo

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26 of July*

4. Place of Birth, (Street and Number) *168 Forest St*

5. Full Name of Mother, *Elizabeth Sullivan*

6. Mother's Maiden Name, *Elizabeth McShilton*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Daniel Sullivan*

9. Father's Occupation, *Liquor Dealer*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return *Mrs. W. W. W. W.*

Address, *120 Greenmount Avenue*

Remarks, *None*



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 26th 1886

4. Place of Birth, (Street and Number) 70 Lisguth St.

5. Full Name of Mother, Auricella Schneider

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Moses Schneider

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 49 S. Exeter st.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26th July*

4. Place of Birth, (Street and Number) *46 Cannon St*

5. Full Name of Mother, *Elise Himmelmann*

6. Mother's Maiden Name, *= Bachman*

7. Mother's Birthplace, *Hessen (Germ)*

8. Full Name of Father, *Leopold Himmelmann*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Hessen (Germ)*

Name of Medical Attendant, or other Person who makes this Return, *Mrs G. Weiss*

Address, *424 Lancaster St*

Remarks, *Name of child: Charles Himmelmann*



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

26

Saint Peter St no 1

Loise Loise

Loise Silbergalen

Percy St Baltimore

William. Edmund Loise

Cupber

Birth St Baltimore

Margaret Leenthy

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

89802

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
12
Which
July 1905

HEALTH DEPARTMENT
AUG 2 1905
BALTIMORE, MD.

Handwritten: Mike
Stamp: AUG 7 1985

July 1864 BALTIMORE, MD.

No. Twenty Six 266

Alnus incana

Allice Peck

Philadelphia

Frederick E. Muzik

Richard C. Mizner
Stam. Haven

Stone Hill
13 P.

Baltimore
11 8 81

Mr. S. S. Kelley

No 197 R. H. et

Y & Co., City Printers and Stationers.

RETURN OF A BIRTH 87803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH *8/804*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of it a (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

51805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

26th of July
71 S. Canal St

Annie Gordon

Kroton

Ireland

John Gordon

Laborer

Ireland

Sarah Barber

72 S. Lombard St.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{8/1806}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26th 1886

4. Place of Birth, (Street and Number)

No. Eden St. 213

5. Full Name of Mother,

Mary Ann Gannon

6. Mother's Maiden Name,

" " Dorris

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Gannon

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. R. W. Davis

Address,

48 E. Edwards St.

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1886

4. Place of Birth, (Street and Number) No. High St. No. 87

5. Full Name of Mother, Rosa Taylor

6. Mother's Maiden Name, " S. Green

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Samuel Taylor

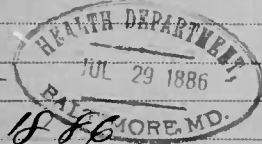
9. Father's Occupation, Car driver Balto Md

10. Father's Birthplace, Woro R. Oblerg

Name of Medical Attendant, or other Person who makes this Return. H. J. Hall and St

Address,

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each infans to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵⁴⁸⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 24th 1886*

4. Place of Birth, (Street and Number) *109 S. Hammond St*

5. Full Name of Mother, *Ira B. Franklin*

6. Mother's Maiden Name, *Gray*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Sam'l B. Franklin*

9. Father's Occupation, *Gigay Manufct*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Heard & Co. 21 N. of*

Address, *McDonough*

Remarks, *Good*

report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as such fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 26th 1886*

4. Place of Birth, (Street and Number) *1105 North St*

5. Full Name of Mother, *Rose C. Brooks*

6. Mother's Maiden Name, *" " " " " " " " " " " "*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *Wm. J. Brooks*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Pa*

Name of Medical Attendant, or other Person who makes this Return *Theodore Cooper*

Address, *1105 North St*

Remarks,

RETURN OF A BIRTH 87810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 26, 1886*

4. Place of Birth, (Street and Number) *24 Conway St.*

5. Full Name of Mother, *Maggie P. Highland*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry M. Highland*

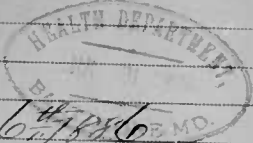
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Walter C. Baker M.D.*

Address, *46 Harrison St.*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall, if she is a resident of the City, be summoned by the Registrar of Vital Statistics, and any such person who fails to appear at the time so summoned, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *July 24, 1886.*
4. Place of Birth, (Street and Number) *Maternity.*
5. Full Name of Mother, *Joseph Wakowayke.*
6. Mother's Maiden Name, *do.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*
- Name of Medical Attendant, or other Person who makes this Return. *L. F. Ankrim, M.D.*
- Address, *Maternity.*
- Remarks, *—*



RETURN OF A BIRTH.

84812

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 26th 1886

4. Place of Birth (Street and Number)

116 N. Chester St.

5. Full Name of Mother

Ruth Morrow

6. Mother's Maiden Name

Ruth Modelin

7. Mother's Birthplace

Virginia

8. Full Name of Father

Henry Morrow

9. Father's Occupation

Bricklayer

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Jos. S. Lynch M.D.

Address

1 S. Broadway

Remarks

name of the mother of such child or children.

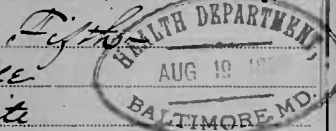


report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{878 13}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26. 1886

4. Place of Birth, (Street and Number)

117 W. Monument St.

5. Full Name of Mother,

Mary Westergaard

6. Mother's Maiden Name,

Krider

7. Mother's Birthplace,

Balt. Co.

8. Full Name of Father,

Frank D. Westergaard

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return,

Wm E. Mosley M.D.

Address,

248 N. Eutan St.

Remarks,

3-4-55 **RETURN OF A BIRTH**

87511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Edwin Oettinger Blum

Aug. 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26 1886

4. Place of Birth, (Street and Number)

28 Hollins St

5. Full Name of Mother,

Eva Blum

6. Mother's Maiden Name,

Eva Oettinger

7. Mother's Birthplace,

Balto. Md

8. Full Name of Father,

Guenter Blum

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

J. S. Claggett

Address,

36 S. Emden St

Remarks,

11

RETURN OF A BIRTH.

84815

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 26 July

4. Place of Birth (Street and Number) 226 Battery Avenue

5. Full Name of Mother Annie Burton

6. Mother's Maiden Name Annie E. Esome

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert J. Burton

9. Father's Occupation Engineer

10. Father's Birthplace Dorchester

Name of Medical Attendant, or other Person who makes this Return.

Annie Wash

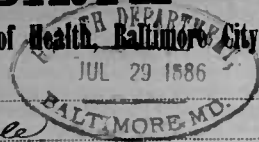
Address

Remarks

See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26 1886

4. Place of Birth, (Street and Number)

Aisquith St. 150

5. Full Name of Mother,

Louise Common

6. Mother's Maiden Name,

Spillman

7. Mother's Birthplace,

Baltimore MD

8. Full Name of Father,

Louis Common

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore MD

Name of Medical Attendant, or other person who makes this return

48 Holloman

Address,

Mrs R. Young St.

Remarks,

duty of the parent or person in whose household such child is born, to report its birth to the Board of Health in the manner and within the time required, except in the cases of the births and deaths of illegitimate children, and any person who neglects to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth, *July 26 '86*

4. Place of Birth, (Street and Number) *217 Saratoga*

5. Full Name of Mother, *Ida Rhodes Noakes*

6. Mother's Maiden Name, *Ida Rhodes*

7. Mother's Birthplace,

8. Full Name of Father, *Thos A Noakes*

9. Father's Occupation, *Trimmer*

10. Father's Birthplace, *Va*

Name of Medical Attendant, or other Person who makes this Return

Henry Handled M.D.

Address,

181 Linden Ave

Remarks,



RETURN OF A BIRTH ⁸⁷⁵¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

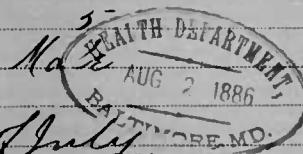
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
27th of July
47 Granty St.
Frederick A. Eilte
Sodt
Germany
John Eilte
Carpenter
Germany
Sarah Casper
72 E. Lombard St.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, July 21 1886

4. Place of Birth, (Street and Number) Jefferson St

5. Full Name of Mother, Mary Funch

6. Mother's Maiden Name, Werner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Funch

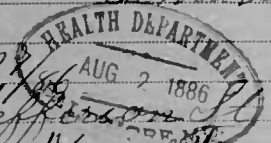
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Louise Kraft

Address, No 142 S Washington

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the time specified in this section, and each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 878311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 27 1885

4. Place of Birth, (Street and Number)

5 Leadenhall

5. Full Name of Mother,

Sophia Klingman

6. Mother's Maiden Name,

Sophia Dodt

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Henry Klingman

9. Father's Occupation,

Book Binder

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Munch

Address,

1 Leadenhall St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27/86

4. Place of Birth, (Street and Number)

74 Thistle St.

5. Full Name of Mother,

Mary E. Thornbury

6. Mother's Maiden Name,

" " Curran

7. Mother's Birthplace,

Balto

8. Full Name of Father,

William Thornbury

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return

Edward P. Pender

Address,

82 Argyll St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *John David Lantz*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27th of July

4. Place of Birth, (Street and Number)

353 Alice Ann st

5. Full Name of Mother,

Johanna Doretta Lantz

6. Mother's Maiden Name,

Henneman

7. Mother's Birthplace,

Harford County Jerusalem Mill

8. Full Name of Father,

John Jacob Lantz

9. Father's Occupation,

Coopers

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address,

12 Patterson Park av

Remarks,

Be in attendance upon the mother, immediately after delivery, to determine if she has become the duly of the person or parents of such child in
any other manner, and within the period above required, and any such person
or persons who shall be convicted of such offense, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

8982,3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child

1. Sex, (state whether male or female)

Little Boy

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

27th of July 1886

4. Place of Birth, (Street and Number)

No 30 Vinson street

5. Full Name of Mother,

Mrs. Kate Miller

6. Mother's Maiden Name,

Miss Kate Miller

7. Mother's Birthplace,

Bonn Beyer Germany

8. Full Name of Father,

Mr Louis Mohr

9. Father's Occupation,

Carriage Store

10. Father's Birthplace,

Bonn West Prussian Germany

Name of Medical Attendant, or other Person who makes this Return.

Mess. Miller

Address,

1017 West Pratt street

Remarks,

RETURN OF A BIRTH ⁸⁷⁸³⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 27 of July 1886

4. Place of Birth, (Street and Number)

No 374, Greenleaf St

5. Full Name of Mother,

Theresa Lawrence

6. Mother's Maiden Name,

Theresa Parry

7. Mother's Birthplace,

Harford County

8. Full Name of Father,

James Lawrence

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Ch. Lauer

Address,

No 173 Maryland Ave

Remarks,

Bal. Md.

1886

Report the Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁷⁸²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Luckone*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *27 July 1886*

4. Place of Birth, (Street and Number) *132 York Street*

5. Full Name of Mother, *Jenny Wilson*

6. Mother's Maiden Name, *Jenny Williams*

7. Mother's Birthplace, *King Island*

8. Full Name of Father, *John Wilson*

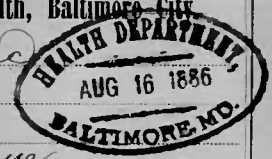
9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Orange Co Md*

Name of Medical Attendant, or other Person who makes this Return. *Emily Hughes*

Address, *136 York St*

Remarks, *None*



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27th July 1886

4. Place of Birth, (Street and Number)

7 Potomac St

5. Full Name of Mother,

Catherine Belt

6. Mother's Maiden Name,

Catherine Struts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Belt

9. Father's Occupation,

Laborer in Copper Works

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

C. W. Lammey, M.D.

Address,

1227 E. 1st

Higglestown

Remarks,

E. City



RETURN OF A BIRTH

8/827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 27 of July

4. Place of Birth, (Street and Number) 13 Grove St

5. Full Name of Mother, Ann Mary Pasch

6. Mother's Maiden Name, = Gray

7. Mother's Birthplace, Balto

8. Full Name of Father, Walter Pasch

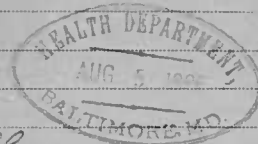
9. Father's Occupation, Labeler

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. G. Weiss

Address, 424 Lancaster St

Remarks,



he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 87828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



2d

Male

White

Aug 2 1885

1st

216 George St.

Annie Craig

Annie Harper

Maryland

Dan Craig

Restaurant

Ireland

St. Vincent

2 Cathedral St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 27th 1886

4. Place of Birth, (Street and Number) 437 N. Pratt Street

5. Full Name of Mother, Mary Elizabeth O'Brien

6. Mother's Maiden Name, " Henningson

7. Mother's Birthplace, Ireland

8. Full Name of Father, Daniel O'Brien

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. DeBarb

Address, 437 N. Pratt Street

Remarks,



RETURN OF A BIRTH 87830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

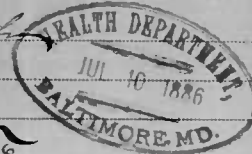
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

It is a crime upon the mother, and upon the father, to fail to report the birth of a child to the Registrar of Vital Statistics, and any person who shall be convicted of such offense shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

87831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) whit

3. Date of Birth July 27-1886

1.30 a.m.

4. Place of Birth, (Street and Number) 28 East Eager

5. Full Name of Mother, Catharine Flaherty

6. Mother's Maiden Name, Wherrett

7. Mother's Birthplace, ind

8. Full Name of Father, Wm F Flaherty

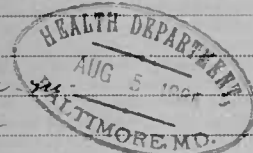
9. Father's Occupation, carpenter

10. Father's Birthplace, ind

Name of Medical Attendant, or other Person who makes this Return. G Lane Janyhill

Address, 219 Madison ave

Remarks,



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

is at once upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
return this certificate to the Registrar of Vital Statistics, within the period above required, and any such person
or persons who shall heretofore fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22, 1886

4. Place of Birth, (Street and Number) 605 E. Baltimore St.

5. Full Name of Mother, John G. Gange

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Thomas Gange

9. Father's Occupation, Lab.

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Annie Jones

Address, 634 Light St.

Remarks, Gange Frank



report the birth, as well as the name of the child, in the manner and within the period above required, and any adult person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 2nd Twin

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 27, 1887

4. Place of Birth, (Street and Number)

131 Darnley St

5. Full Name of Mother,

Salina Schindler

6. Mother's Maiden Name,

Malin

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thos Schindler

9. Father's Occupation,

Clay Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. L. Clark M.D.

Address,

116 N. Broadway

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the County Registrar, who shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

87834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

July 27th 1884.

4. Place of Birth, (Street and Number)

Maternity,

5. Full Name of Mother,

Maggie Johnson.

6. Mother's Maiden Name,

Ida.

7. Mother's Birthplace,

Mo. d.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

L. F. Ankrum M. D.

Address,

Maternity.

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child

1. Sex, (state whether male or female)

Male Child

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 27th

4. Place of Birth, (Street and Number)

No. 5 Carroll St Baltimore City

5. Full Name of Mother,

Mrs. Mary E. Carson

6. Mother's Maiden Name,

Mary E. Poole

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W. Carson

9. Father's Occupation,

Brickmaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. Bangs

Address,

426 Cross St

Remarks,

87837

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *B. this child*

- RECEIVED
JUN 25 1900
BALTIMORE MD.

Address, 88 E. Baldy-

Remarks, Instrumental

RETURN OF A BIRTH 87538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *By this wife*

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 88 E. Baltimore St.

Remarks,

Instrumental

RETURN OF A BIRTH 87889

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 27

4. Place of Birth, (Street and Number) 211 Durham St

5. Full Name of Mother, Hester Platter

6. Mother's Maiden Name, Hester Platter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benson Smith

9. Father's Occupation, Day Labor

10. Father's Birthplace, Amsterdam Co.

Name of Medical Attendant, or other Person who makes this Return

Address, Annie Drutman 199 Bethel

Remarks,



RETURN OF A BIRTH 87840

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 28th 1886

4. Place of Birth, (Street and Number) 24 Winter St.

5. Full Name of Mother, Annie Cord

6. Mother's Maiden Name, Annie Cord

7. Mother's Birthplace, Somerset Co Md

8. Full Name of Father, Chas Wesley

9. Father's Occupation, Sailor

10. Mother's Birthplace.

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 50 Race St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 187

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 28th 1886

4. Place of Birth, (Street and Number)

No. 39 East Fayette Street

5. Full Name of Mother,

Mrs. Mary Helen Cushman

6. Mother's Maiden Name,

Miss Mary Helen Bruce

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. Thomas Cushman

9. Father's Occupation,

Clerk (Post Office)

10. Father's Birthplace,

Baltimore, Md.

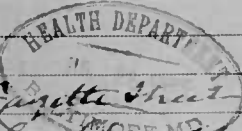
Name of Medical Attendant, or other Person who makes this Return

Wm. H. Anderson M.D.

Address,

No. 102 N. Broadway

Remarks,



RETURN OF A BIRTH 87842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 July 1886

4. Place of Birth, (Street and Number)

183 Scott St.

5. Full Name of Mother,

Elizabeth Grunbein

6. Mother's Maiden Name,

Seng

7. Mother's Birthplace,

Germany

8. Full Name of Father,

David Grunbein

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Miss Munch

Address,

1 Leadenhall St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other times and forfeitures are recoverable.

reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 28th of July 1886

4. Place of Birth, (Street and Number) No 191 Frederick St

5. Full Name of Mother, Mrs. Ewing

6. Mother's Maiden Name, Miss Newendorf

7. Mother's Birthplace, Brandenburg Germany

8. Full Name of Father, Mr. Gottlieb Ewing

9. Father's Occupation, Laborer

10. Father's Birthplace, Saxon Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Hiller

Address, 1017 West Pratt St

Remarks,

RETURN OF A BIRTH 87844

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3rd Child
Male
White
July the 29th
126 Pennsylvania Ave. City
Ella Burk
" Tully
Baltimore Co
Edward Burk
Resistor
Pennsylvania
Sirah Wooden
120 Pennsylvania Ave City



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 28. 1886.
4. Place of Birth, (Street and Number) Bank St. No 10
5. Full Name of Mother, Wilhelmine Hubner
6. Mother's Maiden Name, Wilhelmine Hesser
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Hinrich H. Hubner
9. Father's Occupation, Wheel right
10. Father's Birthplace, Riga, R. Russia, Europa
- Name of Medical Attendant, or other Person who makes this Return, May C. Miller
- Address, N. Dallas St. No 26



Remarks, _____

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 87846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 28th 1886

4. Place of Birth, (Street and Number) No 13 Race st

5. Full Name of Mother, Augusta Deck

6. Mother's Maiden Name, Augusta Dick

7. Mother's Birthplace, Virginia

8. Full Name of Father, Louis Deck

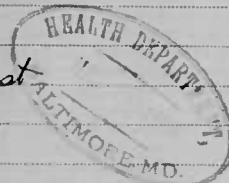
9. Father's Occupation, Cooper

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Lathrop Fleming

Address, No 13 3rd st

Remarks,



RETURN OF A BIRTH, 8/847

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

July 28th 1886

4. Place of Birth, (Street and Number)

206 Park Ave.

5. Full Name of Mother

Eugenia Briscoe

6. Mother's Maiden Name

Eugenia Butler

7. Mother's Birthplace

Augusta - Ga.

8. Full Name of Father

Ambrose Briscoe

9. Father's Occupation

Barber

10. Father's Birthplace

California

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. Wilson

Address

146 + 152 Park Ave

Remarks



MADE BY THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS

report for each child to the Registrar of Vital Statistics, within the period above required, and any such person who fails to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *g. Mary*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 22, 1886*

4. Place of Birth, (Street and Number) *125 N. Eden St*

5. Full Name of Mother, *Sarah Gersman*

6. Mother's Maiden Name, *Sarah Rabanowitz*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Louis Gersman*

9. Father's Occupation, *Cigar-maker*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return, *E. Scherman*

Address, *St. Remond St. N. 26*

Remarks,



RETURN OF A BIRTH ⁸⁷⁸⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 of July 1886

4. Place of Birth, (Street and Number) No. 322 Charles St

5. Full Name of Mother, Maggie James

6. Mother's Maiden Name, Maggie Scupper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel James

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. C. ...

Address, No. 128 West ...

Remarks, _____



or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period always required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21 1886

4. Place of Birth, (Street and Number)

Calhoun St.

5. Full Name of Mother,

Marcell L. Rockstrach

6. Mother's Maiden Name,

Marcell L. Black

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis E. Rockstrach

9. Father's Occupation,

Letter carrier

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return,

Mr. S. S. Sully

Address,

1171 Pratt St.

Remarks,

RETURN OF A BIRTH. 87852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) M

3. Date of Birth July 28th

4. Place of Birth, (Street and Number) 229 E. Pratt St

5. Full Name of Mother, Gemmie Berndt

6. Mother's Maiden Name, Lahn

7. Mother's Birthplace, Germany

8. Full Name of Father, Aron Bandt

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, 535 J. Bond St

Remarks, Twins.



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who neglects or refuses to comply with this requirement, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁵³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

28th of July 1886

4. Place of Birth, (Street and Number)

26 Lorman St

5. Full Name of Mother,

Laura Weavers

6. Mother's Maiden Name,

Laura Wheatley

7. Mother's Birthplace,

Washington) Olwishes Weavers

8. Full Name of Father,

Car driver

9. Father's Occupation,

10. Mother's Birthplace,

Washington

Name of Medical Attendant, or other Person who makes this Return

Lydia Somerville

Address,

13 Clinton Ave

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH¹⁸⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *English*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 28/80*

4. Place of Birth, (Street and Number) *130 North Baltimore St.*

5. Full Name of Mother, *Rose Henderson*

6. Mother's Maiden Name, *Lin*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *George William*

9. Father's Occupation, *Messenger*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return *W. P. Jones*

Address, *162 Howard St.*

Remarks.



The duty of the parent or guardian of each child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the birth of a child to a married couple, is hereby made a part of the law, and the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ^{87 600}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28: 86

4. Place of Birth, (Street and Number) 278 N. Calvert St

5. Full Name of Mother, William Scott

6. Mother's Maiden Name, Evans

7. Mother's Birthplace, Georgetown

8. Full Name of Father, Trenson D Scott

9. Father's Occupation, Booker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C. E. Williams

Address, 201 Madison Ave

Remarks,



RETURN OF A BIRTH ⁸⁷⁸⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



29th Sept
92 Pratt St
Theresa Bohn
Schuring
Europe
William Bohn
Wood-turner
Europe
Sarah Casper
72 E Lombard St

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be subject to a fine of not more than five dollars for each offense to be recovered as other duties and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th of July

4. Place of Birth, (Street and Number)

39 Alt. Street

5. Full Name of Mother,

Annie Robertson

6. Mother's Maiden Name,

Edwards

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Robertson

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard St

Remarks,

reject its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁴⁵⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 4th 186.
9th Maryland St.
Matilda J. L. Black
Matilda J. L. Matthews.
York Pa.
William J. Black
Hardware Merchant
Baltimore City, Md.
John J. A. Myers M.D.
973. Lexington St.

See instructions upon the register, immediately thereafter if, after becoming the duty of the person or persons of such child, to
 or persons who shall be liable to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars
 for each offense to be recovered as other dues and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

For assistance upon the matter, immediately preceding it must receive the filing of the person or persons who report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

84859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th July

4. Place of Birth, (Street and Number)

468 Lexington St.

5. Full Name of Mother,

Mary Rapp.

6. Mother's Maiden Name,

Mary Schre.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Rapp

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan Shuster

Address,

21 W. Pappellton St.

Remarks,



RETURN OF A BIRTH 87860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 29*

4. Place of Birth, (Street and Number) *#293 S. Sharp St.*

5. Full Name of Mother, *Katie Louisa Spindler*

6. Mother's Maiden Name, *Katie Louisa Waudus*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frederick Spindler*

9. Father's Occupation, *Sea Merchant*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return.

Miss Munch

Address,

1 Leadenhall St.

Remarks,



Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person who neglects to do so shall be liable to a fine of ten dollars for each failure to be recovered in other cases and forfeitures are provable.

RETURN OF A BIRTH 87861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,



29th July

1253 S. Charles St

Catherine Barker

Clark

Germany

Mr. Frederick Becker

Carpenter

Germany

Dr. H. H. H. H.

Mrs. H. H. H.

Leadenthall St. 101.

87862

124-

female

July 29th

Sophia Wambach

Daphna Goetz
Battinore

no N. Nambach

Bookkeeper
Saltino

son who
Return.

1 Leadenhall St.

[illegible]

Remarks,

attendants upon the insured, whenever the insured is away from his home, shall be paid at the rate of \$100 per week upon the report of his birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29th 1886

4. Place of Birth, (Street and Number) 208 Gough Street

5. Full Name of Mother, Lucan C. Lucide

6. Mother's Maiden Name, Winters

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George C. Lucide

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James G. McShane, M.D.

Address, 417 E. Pratt Street

Remarks, _____



report its birth to the Registrar of Health, in the manner and within the time hereinafter required, and pay such person
 for each offense to be recovered as other laws and ordinances are recoverable.

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH ⁸⁷⁸⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

This Child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 29th of June 1886

4. Place of Birth, (Street and Number)

No. 6 Camden St.

5. Full Name of Mother,

Cecilia McQuinn

6. Mother's Maiden Name,

Cecilia Hopkins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John McQuinn

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Wm. A. Lister

Address,

No. 173 Hazard St.

Remarks,

Birth Mark

1886

of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First Child
Male

White

July 29th 1888
Baltimore, Md.

Hattie C. Dambroski
Mrs. S. C. Becker

Europe

Henry Becker
Engineer & Machinist
Balto. Md.

Mrs. Hannah Knowles

No. 144 S Bond St

See the notice on page 1 of the Baltimore City Directory for the manner and within the period above required, and city and county health officers, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and upon such return or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the due of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁸⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 29/86

4. Place of Birth, (Street and Number)

26 St. Baltimore Ch.

5. Full Name of Mother,

Caroline Moses

6. Mother's Maiden Name,

" Stein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Moses

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Mosses, Danvers, Germany

Name of Medical Attendant, or other Person who makes this Return

Edward P. M. Driscoll

Address,

24 Annapolis St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 87867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th



1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, July 29th 1886
 4. Place of Birth, (Street and Number) 173 High st.
 5. Full Name of Mother, Margaret Crossman
 6. Mother's Maiden Name, Winchold
 7. Mother's Birthplace, Europe
 8. Full Name of Father, Charlie Crossman
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Europe
- Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein
- Address, 49 S. Euter st.
- Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, ~~4th~~)

Second child

1. Sex, (state whether male or female)

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth,

29 July

4. Place of Birth, (Street and Number)

6 Ramsey St

5. Full Name of Mother,

Annie Keys

6. Mother's Maiden Name,

Kadwietz

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William H. Keys

9. Father's Occupation,

Shirt Cutter

10. Father's Birthplace,

Baltimore City

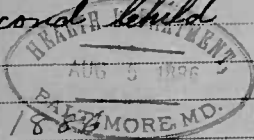
Name of Medical Attendant, or other Person who makes this return.

Susan Shuster

Address,

21 N Poppleton St

Remarks,



RETURN OF A BIRTH ⁸⁷⁸⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 21

4. Place of Birth, (Street and Number) No 17 Pratt St.

5. Full Name of Mother, Sophia Kling

6. Mother's Maiden Name, " " Munnighausen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Kling

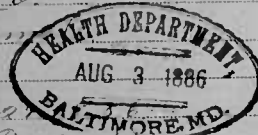
9. Father's Occupation, Wannicher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Amie Lindner

Address, No 45 Monumental St.

Remarks,



report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be subject to the fine of ten (10) dollars for each child who is not reported, and the same shall be recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

any person who neglects to report the birth of a child in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
White
July 29 1885
88 Durham St
Lottie Stumpf
Lottie Lee
Baltimore
Sam Stumpf
Labourer
Baltimore
Lucinda Woodard
130 Regester St

RETURN OF A BIRTH 87871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 29th July 1886

4. Place of Birth, (Street and Number) 183 West St.

5. Full Name of Mother, Sarah Elizabeth Coak.

6. Mother's Maiden Name, Sarah Elizabeth Perry.

7. Mother's Birthplace, Wilmington, S. Carolina.

8. Full Name of Father, George Washington Coak.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other Person who makes this Return, Miss Munch

Address, 1 Leadenhall St.

Remarks,

For this birth to be the Completion of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 87872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29th of July 1885*

4. Place of Birth, (Street and Number) *329 East Ocean street*

5. Full Name of Mother, *Annie Banner*

6. Mother's Maiden Name, *Annie Easter*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harry Easter*

9. Father's Occupation, *Car man*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Eusebia Kunkel*

Address, *71 North Chapel st. for Justina Kunkel*

Remarks, *Healthy*



Report to birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, nurse, or other person who shall become the duty of the person or persons of whom this return is made, and any such person or persons who shall be in attendance upon the mother, nurse, or other person who shall become the duty of the person or persons of whom this return is made, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2, 1886

4. Place of Birth, (Street and Number) McHenry St. No. 20

5. Full Name of Mother, Margaret E. Park

6. Mother's Maiden Name, Margaret E. Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M. Park

9. Father's Occupation, Auctioneer

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. S. Kelly

Address, 1777 Pratt St

Remarks,



RETURN OF A BIRTH

87874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, July 29 - 1886
 4. Place of Birth, (Street and Number) 38 Hanover St.
 5. Full Name of Mother, Bertha Michison
 6. Mother's Maiden Name, Lutty
 7. Mother's Birthplace, Switzerland
 8. Full Name of Father, William Michison
 9. Father's Occupation, Plumber
 10. Father's Birthplace, England
 Name of Medical Attendant, or other Person who makes this Return, Harry Stein
 Address, 151 E. Pratt St.
 Remarks, _____



report the birth to the Commissioner of Health in the manner and within the time required, and may also person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th July. 1886

4. Place of Birth, (Street and Number) 20. Thomas St.

5. Full Name of Mother, Emma Wiedenheft

6. Mother's Maiden Name, Lenk.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Henry Wiedenheft

9. Father's Occupation, Machanicist.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mumm.

Address, 40 North Schroeder St.

Remarks,



87896

report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A circular ink stamp from the Health Department of Baltimore, Maryland. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the date "AUG 3 1886" is stamped in a straight line. The stamp is slightly faded and has a textured, aged appearance.

1

42 of 42

to Warner St

Ernest Giles

America Yettergill

De la Roche

Michael Giles

For [unclear]

Patience

John C. Baker

1/28 - 28 Nov 68

[Handwritten scribbles]

RETURN OF A BIRTH ⁸⁷⁸⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Edwin Melville Johnson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27 of Jan 1886*

4. Place of Birth, (Street and Number) *122 1/2 N. Holliday St*

5. Full Name of Mother, *Virginia (Ginn) Johnson*

6. Mother's Maiden Name, *Rosenbrock*

7. Mother's Birthplace, *Not known*

8. Full Name of Father, *Elijah (Ellis) Johnson*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Julius Grishaber*

Address, *No. 122 West St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 29th 1886

4. Place of Birth (Street and Number)

No 289 Boundary Ave

5. Full Name of Mother

Mary Jane Swift

6. Mother's Maiden Name

Mary Jane Keith

7. Mother's Birthplace

Balto City

8. Full Name of Father

William Swift

9. Father's Occupation

Merchant

10. Father's Birthplace

Balto City

Name of Medical Attendant, or other Person who makes this Return.

Thomas J. Evans M.D.

Address

22 Jackson Square Balto Md

Remarks

State, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Register the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this section, shall be subjected to the fine of five dollars for each offense to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 9th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *has 21.39th July Tuesday*

4. Place of Birth, (Street and Number) *In Balto Md 107 Bridge St*

5. Full Name of Mother, *M. Augusta Schwartz*

6. Mother's Maiden Name, *Augusta W. Wadsworth*

7. Mother's Birthplace, *In Balto Md*

8. Full Name of Father, *August Schwartz*

9. Father's Occupation, *Shoe maker*

10. Father's Birthplace, *In Balto Md*

Name of Medical Attendant, or other Person who makes this Return. *U.S. Bangs*

Address, *426. Green St*

Remarks, *August 6th*

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name *Babette Menne*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

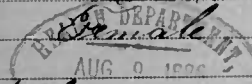
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



July 27 1886
353 Charles St

Babette Menne

Menne

Germany

Hermann Menne

Store-keeper

Germany

J. L. Brown

330 Lamer St

RETURN OF A BIRTH 87881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks,



1st

boy

white

July 29

65 Hollins St, Balto 2nd

Lena Mueller

Lena Grove

Balto city

Charles Mueller

Tobacco merchant

Balto city

J. E. Chagall

38 S. Eutaw St

RETURN OF A BIRTH ⁸⁷⁸⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 29

4. Place of Birth, (Street and Number) 17 Home St

5. Full Name of Mother, Mary Robinson

6. Mother's Maiden Name, Mary Clarke

7. Mother's Birthplace, Easton shore md. co of Anne

8. Full Name of Father, Joseph Richardson

9. Father's Occupation, Day labor

10. Father's Birthplace, Anderson del co.

Name of Medical Attendant, or other Person who makes this Return.

Address, Annie Dunton

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July the 30th
4. Place of Birth, (Street and Number) Baltimore Hammer Steading
5. Full Name of Mother, Mary Elizabeth Johnston
6. Mother's Maiden Name, neece
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James B Johnston
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Halthorn
- Address, Light St No 520
- Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 87884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20/86

4. Place of Birth, (Street and Number)

3 St. Ann's Avenue.

5. Full Name of Mother,

Caroline A. Mullin

6. Mother's Maiden Name,

" " Evans

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Amrose. B. Mullin

9. Father's Occupation,

Builder

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Eduard P. M. Deice

Address,

374 Lexington St.

Remarks,



FILED NAME ADDED 10-4-56 **RETURN OF A BIRTH**

87885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Anna Elizabeth Diering

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 30 - 1886*

4. Place of Birth, (Street and Number) *49 E. E. St.*

5. Full Name of Mother, *Louisa Diering*

6. Mother's Maiden Name, *Louisa Lang*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Conrad Diering*

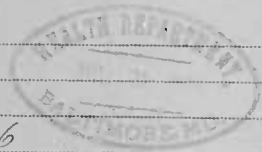
9. Father's Occupation, *Comptroller of Liquors*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return *P. G. Dauschman*

Address. *1727 E. Balt. St.*

Remarks.



RETURN OF A BIRTH. 87886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

July 30. 1886

4. Place of Birth, (Street and Number)

407 E. Lombard st.

5. Full Name of Mother,

Catharine Amelia Turner Grace

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Thaddeus Turner Greene

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

G. L. Smith M.D.

Address,

2000 E. Pratt St.

Remarks,

Forceps delivery

See in attendance upon the mother, immediately thereafter, a duly qualified physician, who shall report the birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

report its birth to the Commissioner of Health in the manner and within the period above required, and any and persons who fail to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 30th of July

4. Place of Birth, (Street and Number) N^o 416 Charles St

5. Full Name of Mother, Ella Moran

6. Mother's Maiden Name, Ella Kennedy

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Moran

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Valina Grishaber

Address, N^o 128 West St

Remarks, _____



RETURN OF A BIRTH ⁸⁷⁸⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 30th 1886*

4. Place of Birth, (Street and Number) *# 88 North Washington St.*

5. Full Name of Mother, *Mary M. Kent Smith*

6. Mother's Maiden Name, *Mary M. Kent*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fredrick Godfrey Smith*

9. Father's Occupation, *Mattress Maker*

10. Father's Birthplace, *Scrum Ohio*

Name of Medical Attendant, *Dr. J. H. Thompson, M.D.*

or other Person who makes this Return

Address, *# 160 Dolphin St. Baltimore*

Remarks,



Report in this form is required by the Health Department, and any such person who fails to file a report as required, or who files a false report, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

reports the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 20/1886*

4. Place of Birth, (Street and Number) *Chas & Hall's els.*

5. Full Name of Mother, *Mary A. Murphy*

6. Mother's Maiden Name, *" Doyle*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Patrick J. Murphy*

9. Father's Occupation, *Storekeeper*

10. Father's Birthplace, *Anne Arundel Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *Edward P. McDevitt*

Address, *524 Ansingh St.*

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

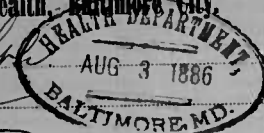
RETURN OF A BIRTH ⁸⁷⁸⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

30 July 86

4. Place of Birth, (Street and Number)

143 Broadway Alley

5. Full Name of Mother,

Louise Pfaffenbach

6. Mother's Maiden Name,

" Doenich

7. Mother's Birthplace,

Kur-Hesse - Germany

8. Full Name of Father,

August Arnold Pfaffenbach

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Kur-Hesse - Germany.

Name of Medical Attendant, or other Person who makes this Return.

Mary Toth

Address,

328 South Eutaw St.

Remarks,

RETURN OF A BIRTH 87891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2^d child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 20th 1886

4. Place of Birth, (Street and Number) 261 Pratt St

5. Full Name of Mother, Ellen Schiller

6. Mother's Maiden Name, " " Sanborn

7. Mother's Birthplace, City

8. Full Name of Father, William Schiller

9. Father's Occupation, Printer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return

Address, Lizzy Betz
140 Park St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person for each child born, the sum of one dollar, which shall be subject to the fine of a (10) dollar for each offense to be recovered as other laws and ordinances are recoverable.

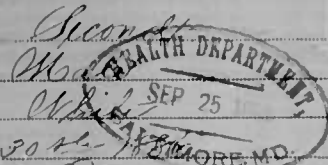
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...



1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other Person who makes this Return...

Address,...

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 30th 1888

4. Place of Birth, (Street and Number)

243 W. Carroll St.

5. Full Name of Mother,

Margaret

6. Mother's Maiden Name,

Stadling

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Peter

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

S. H. Seldner M. D.

Address,

17 E. Caroline Eager St.

Remarks,

In attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 87890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th



1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) W

3. Date of Birth July 30 1886

4. Place of Birth, (Street and Number) 74 Mulberry St

5. Full Name of Mother, Mary Kelley

6. Mother's Maiden Name, Mary McKelvey

7. Mother's Birthplace, Ireland

8. Full Name of Father, Jas. Kelley

9. Father's Occupation, Mechanic

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, J. H. Patterson M.D.

Address, 19 Franklin St

Remarks,

Learn, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

84895

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August July 30 1886
4. Place of Birth (Street and Number) W. Edson Avenue & Wilketon St.
5. Full Name of Mother Blanche Councilman
6. Mother's Maiden Name Bell
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Augustus Councilman
9. Father's Occupation Car Builder
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this Return. Dr. J. R. Larkin M.D.
Address 215 W. Edmon St.
Remarks Primipara - Natural.

Reported as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 30th

4. Place of Birth, (Street and Number)

41 W Mount St

5. Full Name of Mother,

Mary Catherine Elisabeth Burch

6. Mother's Maiden Name,

Stiner

7. Mother's Birthplace,

Carroll County near New Windsor

8. Full Name of Father,

Theodore Alexander Burch

9. Father's Occupation,

Barber

10. Father's Birthplace,

Frederick Maryland

Name of Medical Attendant, or other Person who makes this Return

Susan Stiner

Address,

21 W Poppleton St

Remarks,



RETURN OF A BIRTH.

87897

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 31st 1886

4. Place of Birth (Street and Number) Lafayette St. No. 1127 1/2

5. Full Name of Mother Mary Elizabeth Hill

6. Mother's Maiden Name Mary E. Deibel

7. Mother's Birthplace Baltimore City

8. Full Name of Father Geo W Anderson Hill

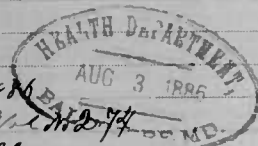
9. Father's Occupation Crocer.

10. Father's Birthplace Maryland. Fredrick Co.

Name of Medical Attendant, or other Person who makes this Return. Geol Ogden M.D.

Address 229 N Carey St.

Remarks



born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁴⁸⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31/86

4. Place of Birth, (Street and Number) 351 Lexington St

5. Full Name of Mother, Mary E. Wilson

6. Mother's Maiden Name, Meloh

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. H. Wilson

9. Father's Occupation, Telephone Operator

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return, Thomas Opie M.D.

Address, 179 St. Howard St

Remarks,

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁸⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) *Fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 31st*

4. Place of Birth, (Street and Number) *12. Barnett St.*

5. Full Name of Mother, *Mary E. Schmitt*

6. Mother's Maiden Name, *" Wolfe*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *J. Louis Schmitt*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, or other Person who makes this Return, *W. H. H. J. L. L. L.*

Address, *W. H. H. L. L. L. Baltimore*

Remarks, *A fine Boy.*



See the instructions on the back of this form. The Registrar of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Irish

3. Date of Birth, July 31st 1886

4. Place of Birth, (Street and Number) Law St No 108

5. Full Name of Mother, Belle Masey

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Poland

8. Full Name of Father, Jacob Masey

9. Father's Occupation, Grocer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rose Helbig

Address,

48 Holland St

Remarks,



In attention upon the mother, father, or other person who makes this return, the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

to be in full compliance with the provisions of the Act, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 84907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31 1886

4. Place of Birth, (Street and Number) 36 Monument St

5. Full Name of Mother, Mary Swamy

6. Mother's Maiden Name, Mary Jeffers

7. Mother's Birthplace, George Swamy

8. Full Name of Father, George Swamy

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary K. F. F. F.

Address, 691 Washington St

Remarks,



report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

87902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 31st '86

4. Place of Birth, (Street and Number)

138 E. Pratt St

5. Full Name of Mother,

Annie Robinson Bonner

6. Mother's Maiden Name,

Annie Robinson

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Geo. W. Bonner

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Balt. City

Name of Medical Attendant,

or other Person who makes this Return

John T. Hammond M.D.

Address,

5th Calvert & Read St

Remarks,



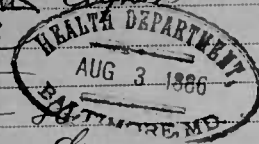
RETURN OF A BIRTH

84904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~Eighth~~ Eighth
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 31
46. China St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Amelia Morand

6. Mother's Maiden Name,

" Morand

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Morand

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Mary Korok

Address,

328 South Eutaw St.

Remarks,

See instructions upon the mother, minor, or other Person who makes this Return. In the signature and within the space provided, and any such person report its birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁴⁹⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Birth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 7 1886*

4. Place of Birth, (Street and Number) *14.7 1/2 Lombard St.*

5. Full Name of Mother, *Julia A. Lewis*

6. Mother's Maiden Name, *Charles*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *John E. Lewis*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return, *Henry A. Howell*

Address, *166 N. Lombard St.*

Remarks,



Persons who fail to report the birth of a child, or who fail to report the death of a person, or who fail to report the marriage of a person, or who fail to report the adoption of a child, or who fail to report the change of name of a person, or who fail to report the change of residence of a person, or who fail to report the change of occupation of a person, or who fail to report the change of marital status of a person, or who fail to report the change of sex of a person, or who fail to report the change of race or color of a person, or who fail to report the change of date of birth of a person, or who fail to report the change of place of birth of a person, or who fail to report the change of full name of a person, or who fail to report the change of mother's maiden name of a person, or who fail to report the change of mother's birthplace of a person, or who fail to report the change of father's full name of a person, or who fail to report the change of father's occupation of a person, or who fail to report the change of father's birthplace of a person, or who fail to report the change of name of medical attendant of a person, or who fail to report the change of address of a person, or who fail to report the change of remarks of a person, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



July 21 1885
Pratt St No 502
Mary E Britton
Mary E Britton
Germany
August S Britton
clerk
Germany
Mrs S Kelly
No 797 Pratt St

RETURN OF A BIRTH

87907

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

(state whether male or female)

Female

or Color, (if not of the white race)

Brown skin

le of Birth,

21 first of July

ce of Birth, (Street and Number)

14th Rice St

ll Name of Mother,

Mary Homer

ther's Maiden Name,

ther's Birthplace,

Eastern shore Md

ll Name of Father,

ther's Occupation,

ther's Birthplace,

me of Medical Attendant, or other Person who makes this Return

Lydia Somerville

dress,

12 Clinton av.

marks,

RETURN OF A BIRTH 84908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 31st

4. Place of Birth, (Street and Number)

208 Clifton Place

5. Full Name of Mother,

Carrie Matilda, Hellmann

6. Mother's Maiden Name,

Carrie Matilda Blaney

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry, J. Hellmann

9. Father's Occupation,

clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Woodlen

Address,

120 Greenmount Av.

Remarks,



RETURN OF A BIRTH

84909

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 31, 1886

4. Place of Birth, (Street and Number) 51 W. Eden st

5. Full Name of Mother, Mariana Kunan

6. Mother's Maiden Name, Glueck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H. Kunan

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return D. G. Dausch

Address 1727 E. Baltimore st

Remarks,



RETURN OF A BIRTH

87910

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 31/86

4. Place of Birth, (Street and Number)

45 Hill St

5. Full Name of Mother,

Katherine M Kunkel

6. Mother's Maiden Name,

Katherine M Busch

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Frederick J Kunkel

9. Father's Occupation,

Blacksmith

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

L B Pacetti MD

Address,

415 Light

Remarks,

RETURN OF A BIRTH.

84911

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Colord Boy.
Male.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Colord

3. Date of Birth

31. day. of July.

4. Place of Birth (Street and Number)

Baltimore 217 South Howard st.

5. Full Name of Mother

Mary Ann Bowers.

6. Mother's Maiden Name

Mary Anna Robinson

7. Mother's Birthplace

Lock Port. N. York. Niagara Co

8. Full Name of Father

Nathaniel M Bower.

9. Father's Occupation

Brick maker.

Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Piney. Ewell.

Address

209 South Howard. st.

Remarks

A very fine Boy.



of the parents, and the maiden name of the mother of such child or children.

Any person who neglects to report the birth of a child, or who neglects to report the death of a person, or who neglects to report the marriage of a person, or who neglects to report the adoption of a child, or who neglects to report the change of name of a person, or who neglects to report the change of residence of a person, or who neglects to report the change of occupation of a person, or who neglects to report the change of marital status of a person, or who neglects to report the change of sex of a person, or who neglects to report the change of race or color of a person, or who neglects to report the change of birthplace of a person, or who neglects to report the change of date of birth of a person, or who neglects to report the change of full name of a person, or who neglects to report the change of mother's maiden name of a person, or who neglects to report the change of mother's birthplace of a person, or who neglects to report the change of full name of father of a person, or who neglects to report the change of father's occupation of a person, or who neglects to report the change of father's birthplace of a person, or who neglects to report the change of name of medical attendant of a person, or who neglects to report the change of address of a person, or who neglects to report the change of remarks of a person, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the City of Baltimore.

RETURN OF A BIRTH ⁸⁷⁹¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10 1888

4. Place of Birth, (Street and Number) Coal St. Baltimore, Md.

5. Full Name of Mother, Mary Susan

6. Mother's Maiden Name, Mary White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles E. Swan

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return, Mr. S. G. Sullivan

Address, 1777 Pratt St.

Remarks,

RETURN OF A BIRTH 87913

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)...

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

31st of July

4. Place of Birth, (Street and Number)

Little Walsh St number 3

5. Full Name of Mother,

Annie J. Ford.

6. Mother's Maiden Name,

Annie H. Burns.

7. Mother's Birthplace,

Lancaster, Pa.

8. Full Name of Father,

William J. Ford.

9. Father's Occupation,

Tinner.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Donnelly.

Address,

18 Little Walsh st.

Remarks,

Nov.

be in attendance upon the mother, immediately thereafter, and, within the period above specified, report its birth to the Commissioner of Health, in the manner and form provided for that purpose, and shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

87913
87914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

21 of July 1886

4. Place of Birth, (Street and Number)

No. 139 Hancock

5. Full Name of Mother

Rose Annworth

6. Mother's Maiden Name

Rose Connolly

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Annworth

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Salina Grisham

Address

420 N. West St

Remarks

Be it to be understood that the mother, husband, father, or parent of such child is liable to the penalty of the law for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Maria Schene

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31st July 1886

4. Place of Birth, (Street and Number)

No. 119 West St

5. Full Name of Mother,

Mary Schene

6. Mother's Maiden Name,

Mary Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Schene

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Salina Grisham

Address,

No. 119 West St

Remarks,



RETURN OF A BIRTH, 87916

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

7:30 o'clock PM Saturday July 31st

4. Place of Birth, (Street and Number)

38 O'Donnell St

5. Full Name of Mother

Emma Foxwell

6. Mother's Maiden Name

Emma Davis

7. Mother's Birthplace

Va

8. Full Name of Father

Jarvis Foxwell

9. Father's Occupation

Oilrefiner

Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. E. Fritchard M.D.

Address

28 O'Donnell St

Remarks

Natural and easy labor Both mother and

Child doing well



name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁷⁹¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Who attend upon the mother immediately thereafter shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 31st 1889

4. Place of Birth, (Street and Number) 50 Canal Alley

5. Full Name of Mother, Francis Bernette

6. Mother's Maiden Name, Melrose Monty and

7. Mother's Birthplace, Black Allen

8. Full Name of Father, Waiter

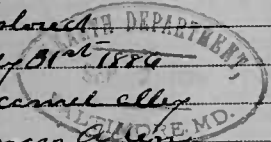
9. Father's Occupation, Anne named Melrose

10. Father's Birthplace, Hester Melrose

Name of Medical Attendant, or other Person who makes this Return. 39 So. Monument St

Address,

Remarks,



RETURN OF A BIRTH ⁸⁷⁹²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31st 1886

4. Place of Birth, (Street and Number) 46 Chapel St.

5. Full Name of Mother, Mary A. Busick

6. Mother's Maiden Name, Oliver

7. Mother's Birthplace, Balto

8. Full Name of Father, George C. Busick

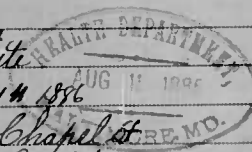
9. Father's Occupation, Boat Fitter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Groome

Address, 466 N. Gay St.

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered in other fine and forfeitures are recoverable.

RETURN OF A BIRTH 87922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 31st 1910

4. Place of Birth, (Street and Number)

476 N Gay St

5. Full Name of Mother,

Elenore Phillips

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Sebastain Phillips

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

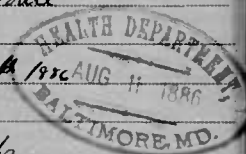
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Julia Green

Address,

476 N Gay St

Remarks,



be in attendance upon the mother, immediately after it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and the provisions of this section shall be subject to be due of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

87923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



31st of July

11 Holbrook St

Anne Queen

America

Sarah Casper

72 E. Lombard St

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁴⁹²⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 31. 1886

4. Place of Birth, (Street and Number)

111 Leffler

5. Full Name of Mother,

Sarah Taylor

6. Mother's Maiden Name,

Wright

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Albert Taylor

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address, 111 Leffler St

Remarks,

Be it remembered, that the mother, immediately thereafter it shall become the duty of the person or persons of such child, to be in attendance upon the birth of the child, to file a return of the birth of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 84925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July th 31

4. Place of Birth, (Street and Number)

Heath St No 700

5. Full Name of Mother,

Emmy Stuard

6. Mother's Maiden Name,

Emmy Cathard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Stuard

9. Father's Occupation,

Cash Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

M. R. Caskey

Address,

Heath St No 16

Remarks,

Doing well



NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 1st 1886

4. Place of Birth, (Street and Number)

Page

5. Full Name of Mother,

Amie

6. Mother's Maiden Name,

Amie

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

James Torgood

9. Father's Occupation,

Carver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

May George Richardson

Address,

212 Spoor Street

Remarks,

*The baby lived 15 minutes after its
was born, died with convulsions,*

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That any person who shall neglect to file a return of a birth, or who shall file a return of a birth which is false or who shall file a return of a birth which is incomplete, shall be subject to a fine of not more than ten dollars for each offence to be recovered in a civil action in any court of competent jurisdiction.

So in other cases when the child is born, the duty of the person or persons of such child, to report its birth in the Commissioner of Health, in the manner and within the time specified, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁴⁹²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 1/80
 4. Place of Birth, (Street and Number) 1012. Hanover St.
 5. Full Name of Mother, Maggie Higginson
 6. Mother's Maiden Name, Hamburger
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Michael Higginson
 9. Father's Occupation, Lawyer
 10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return, Arnold George
- Address, for 634. Light St.
- Remarks, Truly



RETURN OF A BIRTH 87928

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

3. Date of Birth,

August

1. 1886

4. Place of Birth, (Street and Number)

27 Thames St

5. Full Name of Mother,

Mary Fager Myrick

6. Mother's Maiden Name,

Mary Myrick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Myrick

9. Father's Occupation,

Cook

10. Other's Birthplace,

M. D.

Name of Medical Attendant,

or other Person who makes this Return

Mrs Louisa Smith

Address,

Child's name Thomas Edgar Myrick

Remarks,

any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 14 1886

4. Place of Birth, (Street and Number) 110 E Monument St

5. Full Name of Mother, Agnes T Gerlack

6. Mother's Maiden Name, " " Rafferty

7. Mother's Birthplace, Balto

8. Full Name of Father, John T Gerlack

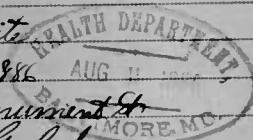
9. Father's Occupation, Porter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Julia Gormy

Address, 466 N Gay St

Remarks,



RETURN OF A BIRTH. ⁸⁷⁹³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth August 1. 1886.

4. Place of Birth, (Street and Number) No 337 E. Preston St

5. Full Name of Mother, Anna Underwood

6. Mother's Maiden Name, Young

7. Mother's Birthplace, Baltimore

8. Full Name of Father, F. L. Underwood

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address, 50 S. Bond St

Remarks, !!!



any person who shall neglect to file a return of a birth, or who shall file a return of a birth which is false or fraudulent, or who shall file a return of a birth which is incomplete, or who shall file a return of a birth which is illegible, or who shall file a return of a birth which is not in conformity with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore willfully disobey this provision, shall be subject to the fine of \$100 or to imprisonment for not less than 30 days nor more than 60 days, as the court may direct.

RETURN OF A BIRTH

87931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 1st 1886

4. Place of Birth, (Street and Number) 312 W. Hoffman

5. Full Name of Mother, Frances Back

6. Mother's Maiden Name, Beibleheiser

7. Mother's Birthplace, Balto. City

8. Full Name of Father, John Back

9. Father's Occupation, Wagoner

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. M. Christian M.D.

Address, 506 Med. Ave.

Remarks,



RETURN OF A BIRTH¹⁸⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1 August 1880

4. Place of Birth, (Street and Number) Con. Register in Bank St.

5. Full Name of Mother, Agatha Hahn Hahn

6. Mother's Maiden Name, Agatha Schweikart

7. Mother's Birthplace, Leitersheim Baden Germany

8. Full Name of Father, Johan Hahn

9. Father's Occupation, Leppnerhauer

10. Father's Birthplace, Marionweiler Bayern Germany

Name of Medical Attendant, or other Person who makes this Return Starr Schweikart

Address, 54 E Lombard St City

Remarks, _____

should not be filled out by the mother, inasmuch as the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, prescribed in this section, shall be subject to a fine of ten dollars, and such officers, to be prosecuted as other laws and penalties are resposable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 1st 1886

4. Place of Birth, (Street and Number)

72 Block St

5. Full Name of Mother,

Kate Lampert

6. Mother's Maiden Name,

" Fitzpatrick

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

George Lampert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Katz

Address,

920 Bank St

Remarks,

Every person who has knowledge of the birth of a child, or of the person or persons of such child, is required to report the birth to the Commissioner of Health, within the time specified in this section, and to furnish the information required by the provisions of this section, and to be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st Aug 1879

4. Place of Birth, (Street and Number) 16 Bond St

5. Full Name of Mother, Lena Harten

6. Mother's Maiden Name, Banks

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Harten

9. Father's Occupation, Clothing Cutter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Volberg

Address, 48 Howard St

Remarks,



RETURN OF A BIRTH 87935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 1st 1886

4. Place of Birth, (Street and Number)

Charter str. 104

5. Full Name of Mother,

Ella Virginia Hanley

6. Mother's Maiden Name,

Ella Cady

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Hanley Hanley

9. Father's Occupation,

Stone cutter

10. Father's Birthplace,

Philadelphia

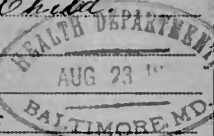
Name of Medical Attendant, or other Person who makes this Return.

Mr. Wiley

Address,

30 Patterson Park Ave.

Remarks,



report his birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to a fine of not more than \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁴⁹³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2 child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *1 of Aug 1886*
4. Place of Birth, (Street and Number) *104 Willmore Aly*
5. Full Name of Mother, *Mary Jane Watson*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Calverton County Md*
8. Full Name of Father, *Samuel Taylor*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Calverton County Md*

Name of Medical Attendant, or other Person who makes this Return, *Mary E Wilson*

Address, *103 Tentet street*

Remarks, *no remarks*



See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall be required to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

Maggie J. Reynolds
female

White
first of August 1886

243 North St
Maggie Jean Reynolds

Baltimore Md
John Murphy

house
Baltimore

Mrs Woolen

120 Green Mount av

RETURN OF A BIRTH ^{87938.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Bo*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22d of August 1886*

4. Place of Birth, (Street and Number) *No Boston Street*

5. Full Name of Mother, *Louisa Geesagen*

6. Mother's Maiden Name, *Louisa Dumbas*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Dumbas*

9. Father's Occupation, *Tavern-keeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

84939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

first female
Color
1st of August 1886
State Street 185
Mary Elizabeth Thomas
Mary Elizabeth Thomas
West Mary's County
James Muddery
Walter
Eastern Shore, Maryland
Choline Jordan
N.Y. State St

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who neglects or refuses to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 1st

4. Place of Birth, (Street and Number)

172 Fairmount Ave

5. Full Name of Mother,

Mary King

6. Mother's Maiden Name,

Arnold

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lawrence King.

9. Father's Occupation,

Can-maker.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

179 N. Howard St.

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{10th}



1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Aug 1st 1886*

4. Place of Birth, (Street and Number) *4 Broomfield*

5. Full Name of Mother, *Fanny Stewart*

6. Mother's Maiden Name, *Fanny Johnson*

7. Mother's Birthplace, *Anna Arnold Md*

8. Full Name of Father, *Geo Stewart*

9. Father's Occupation, *Laborman*

10. Father's Birthplace, *Wash*

Name of Medical Attendant, or other Person who makes this Return. *Lane Woodland*

Address, *16 Broomfield*

Remarks.

RETURN OF A BIRTH 84942

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2 ^{cd}

1. Sex. (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1 August 1886

4. Place of Birth, (Street and Number) 109 North Chappel St

5. Full Name of Mother, Ella C. Kelly

6. Mother's Maiden Name, Ella C. Jackson

7. Mother's Birthplace, Baltimore MD

8. Full Name of Father, John H. Kelly

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other Person who makes this Return Ellen Harrison

Address, No 271 North Chappel St

Remarks, not anything



RETURN OF A BIRTH ⁸⁷⁹⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

1 of August

4. Place of Birth, (Street and Number)

70 Rue street

5. Full Name of Mother,

Mary Mc Adams

6. Mother's Maiden Name,

Mary Price

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Anthony Mc Adams

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

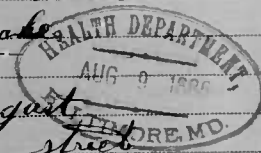
Mary L. Swartz

Address,

59 Myer's street

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recoverable.



RETURN OF A BIRTH ⁸⁷⁹⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female),

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 1st 1886

4. Place of Birth, (Street and Number) Eastern Av. No. 183

5. Full Name of Mother, Mrs. L. Halmer

6. Mother's Maiden Name, Mrs. L. Halmer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Halmer

9. Father's Occupation, Cigar Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Marz E. Miller

Address, N. Dallas St No 26

Remarks,

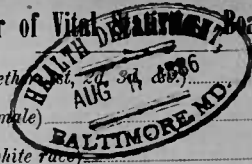


or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth in the Commissioner of Health, in the manner and within the period above required, shall be liable to a fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁷⁹⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether first, second, third, etc.)

Second
First

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 1st 1886

4. Place of Birth, (Street and Number)

240 1/2 Montgomery st

5. Full Name of Mother,

Emma J Stevenson

6. Mother's Maiden Name,

Emma J Stevenson

7. Mother's Birthplace,

St Mary's Co

8. Full Name of Father,

Edwin D Stevenson

9. Father's Occupation,

Sailmaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs M A Cottrell

Address,

225 Montgomery st.

Remarks,

RETURN OF A BIRTH 87946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

74

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 1st

4. Place of Birth, (Street and Number)

33 Oxford street

5. Full Name of Mother,

Rosie Boston

6. Mother's Maiden Name,

Lehner

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Robert Boston

9. Father's Occupation,

Lehner

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return.

Annie Johnson

Address,

14 Johnson street

Remarks,



or persons who also shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each infraction to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 84941

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, August 3, 1886

4. Place of Birth, (Street and Number) 20 Bolton alley

5. Full Name of Mother, Catherine Johnson

6. Mother's Maiden Name, Catherine McGraw

7. Mother's Birthplace, Queenann Talbot County, Md

8. Full Name of Father, Thomas Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Miles River Talbot County, Md

Name of Medical Attendant, or other Person who makes this Return Mariann Fason

Address, 37 Walnut alley

Remarks.



RETURN OF A BIRTH ⁸⁷⁹⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 2nd 1886*

4. Place of Birth, (Street and Number) *Number 215 Canton Ave*

5. Full Name of Mother, *Annie Leonard*

6. Mother's Maiden Name, *Leonard Hughes*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James Leonard*

9. Father's Occupation, *Agent*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Elizabeth Betz*

Address, *128 Bank St*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 224 Aug

4. Place of Birth, (Street and Number) 99 S. ...

5. Full Name of Mother, Lizzie Schick

6. Mother's Maiden Name, Heh

7. Mother's Birthplace, Germany

8. Full Name of Father, E. Schick

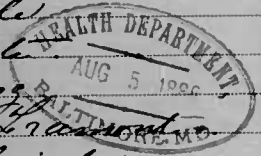
9. Father's Occupation, Plumber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, H. L. Buddenb...

Address, 166 S. ...

Remarks, _____



For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8/9/50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Aug 2nd 1886

4. Place of Birth, (Street and Number) E. Gay St. No. 77

5. Full Name of Mother, Rachel Greenberg

6. Mother's Maiden Name, " Priner

7. Mother's Birthplace, Poland

8. Full Name of Father, Moses Greenberg

9. Father's Occupation, Salesman

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Volvig

Address, 48 Holloman St.

Remarks,

RETURN OF A BIRTH ⁸⁷⁹⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



August 2nd 1886

W. H. Seldner & Wife St.

Mary Louisa Lewis

Cor

Baltimore County

Henry Lewis

Driver

Baltimore

W. H. Seldner M. D.

1809 Caroline & Gager St.

RETURN OF A BIRTH ^{87/52}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 2

4. Place of Birth, (Street and Number)

No 12. Castle st.

5. Full Name of Mother,

Georgeanna Brown

6. Mother's Maiden Name,

Parker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Brown

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

North Point.

Francis Anderson

Name of Medical Attendant, or other Person who makes this Return

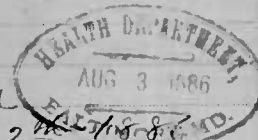
Francis Anderson

Address,

No 30 Mc Carlin st

Remarks,

within the period above specified, except in the cases of two births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.



RETURN OF A BIRTH

8/95.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 28, 1886

4. Place of Birth, (Street and Number)

No. 314 Jefferson St

5. Full Name of Mother,

Mrs. Ida May Weitzel

6. Mother's Maiden Name,

Miss Ida M. Cambden

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. Lewis Cass Weitzel

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return.

Wm. H. C. Cauden, M.D.

Address,

No. 102 North Broadway

Remarks,



For each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹⁵⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Balto Aug 4th 1886.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto Aug 2nd 1886

4. Place of Birth, (Street and Number) 23 Collington St.

5. Full Name of Mother, Verenla Rohman

6. Mother's Maiden Name, Verenla Jacob

7. Mother's Birthplace, Germany

8. Full Name of Father, Sebastian Rohman

9. Father's Occupation, Tailor

Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend

Address, 137 South Wolfe St.

Remarks, 27



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 2d 1886

4. Place of Birth, (Street and Number) 72 N. Arlington Ave.

5. Full Name of Mother, Ella Bowers

6. Mother's Maiden Name, Charles Cook

7. Mother's Birthplace, Wilmington, Carroll Co., Md.

8. Full Name of Father, Flourist

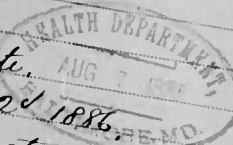
9. Father's Occupation, Baltimore Md

10. Father's Birthplace, 134 St. Lawrence St

Name of Medical Attendant, or other Person who makes this Return John Pennington M.D.

Address, 134 St. Lawrence St

Remarks,



RETURN OF A BIRTH ⁸⁴⁹⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

Date of Birth, 2nd August

Place of Birth, (Street and Number) 10 Rigely Street.

Full Name of Mother, Elisabeth Heinzerling

Mother's Maiden Name, Elisabeth Gauer

Mother's Birthplace, Baltimore

Full Name of Father, Emil Heinzerling

Father's Occupation, Store Keeper

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Bange.

Address, 426 Cross St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten dollars) for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁵⁷⁹⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, August 2 1886

4. Place of Birth, (Street and Number) 116 Maryland St

5. Full Name of Mother, Carry Deann

6. Mother's Maiden Name, Carry Sullivan

7. Mother's Birthplace, Pottsville Pa

8. Full Name of Father, Samuel Deann

9. Father's Occupation, Porter on the Cars

10. Father's Birthplace, Pottsville Pa

Name of Medical Attendant, or other Person who makes this Return Doct Sam Wilson

Address, 252 Yafus

Remarks,

Penalty for non-compliance: Any person who neglects to file a true and correct return of a birth, or who files a false return, shall be liable to a fine of not more than five dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH.

87958

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 2d

4. Place of Birth (Street and Number)

115 S Wolf St
Margaret

5. Full Name of Mother

6. Mother's Maiden Name

Schutt

7. Mother's Birthplace

8. Full Name of Father

John Kreckler

9. Father's Occupation

Bag Porter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wittmann

Address

258 Madison Ave.

Remarks

of the parents, and the maiden name of the mother of such child or children.

84959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 2

4. Place of Birth, (Street and Number) *N^o 4 Stevenson court*

5. Full Name of Mother, Marah Hawkins

6. Mother's Maiden Name, Marah Johnson

7. Mother's Birthplace, Tatbot county

3. Full Name of Father, Joseph Hawkins

9. Father's Occupation, Labor

d. Father's Birthplace, Ballo

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Lexington

Remarks,

Report as here to the Commissioner of the State of New York, and the persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 2nd

4. Place of Birth, (Street and Number) 706 Sharp St.

5. Full Name of Mother, Mrs. Mary Hartung

6. Mother's Maiden Name, Mrs. Mary Bette

7. Mother's Birthplace, Carroll County, Md.

8. Full Name of Father, Mrs. Adolph Hartung

9. Father's Occupation, Bar Tender

10. Father's Birthplace, Mulhausen Prussia

Name of Medical Attendant, or other Person who makes this Return, Auguste Bosien

Address, 929 Sharp St

Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10, dollars for each offense to be recovered as other fine and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug 5 1886

4. Place of Birth, (Street and Number)

47 Chew St

5. Full Name of Mother,

Amelia Boone

6. Mother's Maiden Name,

Amelia Harker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip H Boone

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

David V Moya M.D.

Address,

192 Uisgrath St

Remarks,

Mother died during labor with Ante

Bright's Disease



RETURN OF A BIRTH 84962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 11th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 3rd 1886*

4. Place of Birth, (Street and Number) *Number 187 Broadway*

5. Full Name of Mother, *Mildred M. Whitehill*

6. Mother's Maiden Name, *Soubrier*

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *Leach Whitehill*

9. Father's Occupation, *store*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other Person who makes this Return. *Leach Whitehill*

Address, *197 Bank St*

Remarks,

Be fit attendance upon the mother, immediately after the birth of the child, and within the period above required, and any such person who shall neglect or refuse to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Parents, the date and place of birth, and the name of the child, shall be entered in the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to be in attendance upon the mother and within the period above prescribed to comply with the provisions of this act, and any such person or persons who shall fail to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

81963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Frank C. Borden M.D.

107 South St. City

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

87964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 2nd 1888*

4. Place of Birth, (Street and Number) *Maternity*

5. Full Name of Mother, *Ida Smith*

6. Mother's Maiden Name, *Ida Martin*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *R. F. J. Smith*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return, *L. F. Ankrim, M.D.*

Address, *Maternity*

Remarks,



Birth of any child occurring within the limits of the City of Baltimore, shall be reported to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, by the mother, immediately thereafter. It shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to do so, and other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

84965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) B. White
3. Date of Birth 3rd Aug. 1886
4. Place of Birth, (Street and Number) Chicago, Ill. No 50
5. Full Name of Mother, Magistrate Becker
6. Mother's Maiden Name, Bauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emanuel Becker
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Elizabeth & Co. & Caroline Schreyer

Remarks,

87966

6th

Made

Aug 3^d 1886

304 Canton, Ala.

Anna Schmidt

11. Schreiner

City

August Schmidt

father

Grinnell

Mrs Elizabeth Belz

120 Bank St.

be in accordance upon the mother, immediately thereafter a statement of the birth of the child shall be made by the mother or the father of the child, or by the person or persons who shall have custody of the child, and the mother or father of the child, or the person or persons who shall have custody of the child, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH ⁸⁴⁹⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 of August 1876

4. Place of Birth, (Street and Number) No 358 Green St

5. Full Name of Mother, Mary Brashmiller

6. Mother's Maiden Name, Mary Kelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Brashmiller

9. Father's Occupation, Dress Finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Salina Cristobal

Address, No 128 West St

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so shall be liable to a fine of ten dollars, and this fine shall be subject to the fine of ten dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 3rd 1886

4. Place of Birth, (Street and Number)

Number 54 Fayette St.

5. Full Name of Mother,

Mary Sawyer

6. Mother's Maiden Name,

" " Keaty

7. Mother's Birthplace,

William in Gen.

City

8. Full Name of Father,

9. Father's Occupation,

confabory shoe

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Baby

Address,

120 Bank

Remarks,

be in attendance upon the mother, immediately upon the birth of a child, to secure the entry of the birth of the child in the Register of Births, and to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be subject to the fine of \$1.00 Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 879
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female)
Race or Color, (if not of the white race)
Date of Birth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race).....

3. Date of Birth,

4. Place of Birth, (Street and Number)
5. Full Name of Mother;
6. Mother's

5. Full Name of Mother.

6. Mother's Maiden Name,
7. Mother's B.

7. Mother's Birthplace,
E. Full Name

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,
Name of

Name of Medical Attendant, _____
Address, _____

Address, _____ Medical Attendant, or other Person who makes this Return.
Remarks, _____

Remarks,

by a City Printer and Stationer.

No.	Father	Name of	Address,	Remarks,
1.				
2.				
3.				
4.				
5.				
6.	M			
7.	Mo			
E.	Full			
9.	Father			
10.	Father			

she said no other person be in at childbirth upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalties, provided in the regulations of the Board of Health, and if it shall be found that the parent or parents have failed to comply with the provisions of this act, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH^{5/9/91}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

~~10 48 Shuter St~~ Sept 8th 1886

4. Place of Birth, (Street and Number)

48 Shuter St

5. Full Name of Mother,

Sarah Dumbby

6. Mother's Maiden Name,

Hight

7. Mother's Birthplace,

Balto city

8. Full Name of Father,

Charles Dumbby

9. Father's Occupation,

Tag man

10. Father's Birthplace,

city

Name of Medical Attendant,

or other Person who makes this Return

Francis Anderson

Address,

N^o 30 McCubbin St

Remarks,

87942

h, Baltimore, Md.
BALTIMORE DEPARTMENT
AUG 4 1886
BALTIMORE MD

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Due to attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, other dues and forfeitures are recoverable.

Use in recording, the mother, immediately thereafter it shall become the duty of the person or persons of such child to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered by the other data and forfeitures are recoverable.

RETURN OF A BIRTH

8797.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 3rd

4. Place of Birth, (Street and Number)

308 W Pratt St

5. Full Name of Mother,

Bertha Lauber

6. Mother's Maiden Name,

Bertha Myland

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Lauber

9. Father's Occupation,

Cigar Manufacturer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

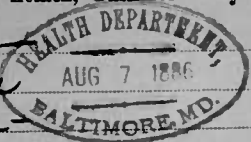
or other Person who makes this Return.

Mrs. Slipes

Address,

24 Columbia Ave

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Levied*

3. Date of Birth, *Aug 3 1888*

4. Place of Birth, (Street and Number) *5 Vinland St*

5. Full Name of Mother, *Maria Moon*

6. Mother's Maiden Name, *Maria Smart*

7. Mother's Birthplace, *Ja*

8. Full Name of Father, *James Moon*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baileys*

Name of Medical Attendant, or other Person who makes this Return, *James M. Molland*

Address, *(Midwife)*

Remarks,



Persons who are required to make this return, and any such persons who fail to do so, or who make a false return, shall be subject to the fine of ten (\$10) dollars.

Printed and published by the City of Baltimore, Md.

RETURN OF A BIRTH

87975

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st

Female

White

August 23, 1887

1163 Carroll St.

Katharine Steier

Katharine Steier

Baltimore

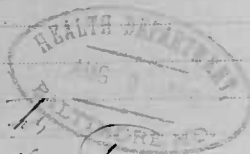
Frederick Steier

Shoemaker

Baltimore

Dr. C. Hoffmann

2024. Chas. & Co.



RETURN OF A BIRTH⁸⁴⁹⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, 3 of August 1886
4. Place of Birth, (Street and Number) 117 Minter St
5. Full Name of Mother, Mathie Brooks
6. Mother's Maiden Name, Mathie Jabelin
7. Mother's Birthplace, Dorchester Co
8. Full Name of Father, George Brooks
9. Father's Occupation, Laborer
10. Father's Birthplace, Dorchester
- Name of Medical Attendant, or other Person who makes this Return Dr. Wm. H. Wilson
- Address, 253 Myrtle St
- Remarks, _____

should not other person be, in attendance upon the mother, immediately before or after the birth, than the person who shall then become the attendant of the parent or parents of such child to report its birth to the Board of Health. If such person shall be a female, she shall then become the attendant of the parent or parents of such child to report its birth to the Board of Health. If such person shall be a male, he shall then become the attendant of the parent or parents of such child to report its birth to the Board of Health. If such person shall be a female, she shall then become the attendant of the parent or parents of such child to report its birth to the Board of Health. If such person shall be a male, he shall then become the attendant of the parent or parents of such child to report its birth to the Board of Health.

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87972

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Mass

Calvin

3 of one post

рапорт № 134

hart mitte

Markt an der Donau

Datt Moore MS

1882

1000

DATE _____

Sark Sam Wilson

252 Myophilus dt

.....

should be charged with the duty of making known the mother's condition to the father, and only if the parent or parents of such child report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the illegals and deaths of illegitimate children, I do not believe that the State can be made responsible for the support of illegals. It is the duty of every person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense. In be recovered as other fines and penalties now recoverable.

ITS PRINCIPLES AND STATISTICS

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁴⁹⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The

DEPARTMENT

AUG 9

BALTIMORE, MD

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 3rd

4. Place of Birth, (Street and Number)

17 Marsch street

5. Full Name of Mother,

Beth T Johnson

6. Mother's Maiden Name,

Betty Brackson

7. Mother's Birthplace,

Howard County

8. Full Name of Father,

John T. Johnson

9. Father's Occupation,

Water

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary Richison

Address,

212 Dover Street

Remarks,

Jim Healthy, Chie

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with this law shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁴⁹⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 3rd 1886*

4. Place of Birth, (Street and Number) *126 Chestnut St Balt Md*

5. Full Name of Mother, *Elvira Elizabeth Winters*

6. Mother's Maiden Name, *Elvira Elizabeth Lewis*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *J. W. Winters*

9. Father's Occupation, *Purchasing Agent*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Mrs Conway*

Address, *.....*

Remarks, *.....*

Source of the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail hereunder shall be subject to the provisions of the section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{\$7980}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, August 12 3

4. Place of Birth, (Street and Number) Baltimore Stockholm St 1

5. Full Name of Mother, Mary Helen

6. Mother's Maiden Name, Mary Helen

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, William Helen

9. Father's Occupation, Cabbing

10. Father's Birthplace, Eastern Shore

* Name of Medical Attendant, or other Person who makes this Return, Lorena Mills

Address, 21 Stockholm Street

Remarks, Living well

For each offence to be recovered as other fines and forfeitures are recoverable, shall be subjected to the fine of five (10) dollars or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) dollars or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) dollars

RETURN OF A BIRTH ⁸⁷⁹⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4th August 1886*

4. Place of Birth, (Street and Number) *140 North Chapel Street*

5. Full Name of Mother, *Katie Deigert*

6. Mother's Maiden Name, *Katie Petto*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Amel Petto*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *77 North Chapel St per Justina Kunkel*

Remarks, *Healthy*

RETURN OF A BIRTH

84982

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug. 14 1886

4. Place of Birth, (Street and Number) 50 Race St.

5. Full Name of Mother, Charlotte Banton

6. Mother's Maiden Name, " "

7. Mother's Birthplace, St. Michaels

8. Full Name of Father, Henry Green

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 50 Race St.

Remarks,



RETURN OF A BIRTH ⁸⁷⁹⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Aug 4th 1886

4. Place of Birth, (Street and Number) W. Mulliken St. 65

5. Full Name of Mother, Sarah Hochman

6. Mother's Maiden Name, Waldorf

7. Mother's Birthplace, Germany

8. Full Name of Father, Salamon Hochman

9. Father's Occupation, Engraver

10. Father's Birthplace, Germany

Name of Medical Attendant, Wm. H. Volberg
or other Person who makes this Return.

Address, 48 Hall end. St.

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth August 14 at 11:20 A.M.

4. Place of Birth, (Street and Number) 159 1/2 Mulberry Street

5. Full Name of Mother, Louise Vigedes

6. Mother's Maiden Name, Weller

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Vigedes

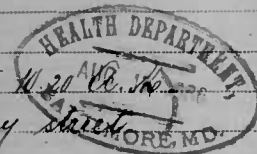
9. Father's Occupation, shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Maxim G. Thalwitzer M.D.

Address, 256 Mulberry Street

Remarks,



RETURN OF A BIRTH. *8/988*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d; &c.).....

RETURN OF A BIRTH ⁸¹⁹⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4 Aug 1886

4. Place of Birth, (Street and Number)

13 Peabody St
Sarah Mc Dowell

5. Full Name of Mother,

6. Mother's Maiden Name,

" Evans

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Edward R Mc Dowell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

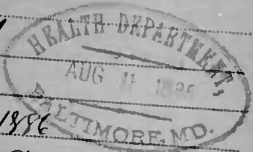
Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs Julia Greeny
446 N Bay St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to a fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

87987

To the Office of Registrar of Vital Statistics, Board of Health.

August

11th 1896

BALTIMORE CITY.

MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

8 August

4. Place of Birth, (Street and Number)

108

Water St

5. Full Name of Mother,

Louise

Brown

6. Mother's Maiden Name,

Barmond

7. Mother's Birthplace,

Chesertown

MD

8. Full Name of Father,

Isaac

Brown

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Little Rock Ark

Name of Medical Attendant,

or other Person who makes this Return

Margaret Dennis and wife

Address,

10

2

Peach Alley

Remarks,

RETURN OF A BIRTH, 5/9/88

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 4, 1886

4. Place of Birth, (Street and Number) Baltimore 659 Light Street

5. Full Name of Mother Mary Gallagher

6. Mother's Maiden Name Mary Stevens

7. Mother's Birthplace Baltimore

8. Full Name of Father James Gallagher

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address 33 Boyd Street corner Health

Remarks Mother is well but the child is sick.



RETURN OF A BIRTH 87989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first child*
1. Sex, (state whether male or female) *it is a boy child*
2. Race or Color, (if not of the white race)
3. Date of Birth, *born on the fourth of August*
4. Place of Birth, (Street and Number) *born in Baltimore Hospital No 342*
5. Full Name of Mother, *her name Katie Toram*
6. Mother's Maiden Name, *her maiden name Katie Boehmann*
7. Mother's Birthplace, *birthplace Germany*
8. Full Name of Father, *Fred Toram*
9. Father's Occupation, *his trade is machinist*
10. Father's Birthplace, *his birthplace Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Miss Murrel*
- Address, *they live in Sharp Street No 342, Luckenbault*
- Remarks,

Any person who neglects to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

84990

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *fourth of August*
4. Place of Birth, (Street and Number) *194 E. things st*
5. Full Name of Mother, *Augusta Jackson*
6. Mother's Maiden Name, *Augusta Richardson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Jackson*
9. Father's Occupation, *horsealer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ida Sadler*
- Address, *No 5 New st*
- Remarks,

RETURN OF A BIRTH ⁸⁷⁹⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

☒ Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 4th 1886*

4. Place of Birth, (Street and Number) *659 Light St*

5. Full Name of Mother, *Mary O. Gallagher*

6. Mother's Maiden Name, *"H." Stricker*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *James J. Gallagher*

9. Father's Occupation, *Marine*

☒ Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Andrew C. Coker M.D.*

Address, *14 Hancock St. Room 20*

Remarks,



For each return to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁷⁹⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 4th

4. Place of Birth, (Street and Number)

181 Brown St

5. Full Name of Mother,

Elisa Fries

6. Mother's Maiden Name,

Elisa Herion

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry W. Fries

9. Father's Occupation,

Locksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Saper

Address,

24 Columbia Ave

Remarks,



Persons in error do not send this card to the Registrar of Vital Statistics, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other lines and infirmities are recoverable.

RETURN OF A BIRTH ⁸⁷⁹⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4 of August 18

4. Place of Birth, (Street and Number)

188 Dover Street

5. Full Name of Mother,

Catharine A. Boone

6. Mother's Maiden Name,

Catharine A. Boone

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

William C. Boone

9. Father's Occupation,

Shoemaker.

10. Father's Birthplace,

Baltimore County.

Name of Medical Attendant, or other Person who makes this Return,

Mary Jane Richardson

Address,

212 Dover Street.

Remarks,



report the birth to the Commissioner of Health, in the manner provided in this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87994

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 4th 1886

4. Place of Birth, (Street and Number)

99 Valley St.

5. Full Name of Mother.

Laura Virginia Boteler

6. Mother's Maiden Name,

Laura Virginia Booger

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Thomas William Boteler,

9. Father's Occupation,

Carpenter

10. Father's Birthplace.

Prince George's County Md.

Name of Medical Attendant, or other Person who makes this Return

Chas. B. Liggler M.D.

Address,

282 N. Broadway

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH¹⁸⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 4: 1886

4. Place of Birth, (Street and Number)

Wb. Washington

5. Full Name of Mother,

Helen Marge

6. Mother's Maiden Name,

" Canby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Marge

9. Father's Occupation,

Secy of Paul Striving Miller

10. Father's Birthplace,

Fredericksburg Va

Name of Medical Attendant,

or other Person who makes this Return

P. L. Williams

Address,

201 Madison Ave

Remarks,

RETURN OF A BIRTH ⁸⁷⁹⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, August 5-1886

4. Place of Birth, (Street and Number) hughes Street 1st 232

5. Full Name of Mother, hester Stafford

6. Mother's Maiden Name, hester Basse

7. Mother's Birthplace, barlow County Md

8. Full Name of Father, per mire Stafford

9. Father's Occupation, carpenter

10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other Person who makes this Return, Sarah Casca

Address, 224 hughes Street

Remarks,



See the regulations which govern the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

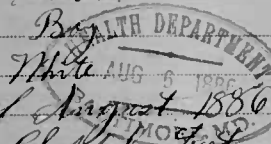
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White
5th of August 1886
16 South Chappel Street

Mary Block

Mary Soure

Baltimore

Jacob Soure

Butcher

Germany

Crescencia Kunkel

71 North Chappel St. per Justina Kunkel

Healthy

be in attendance upon the mother, and report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁹⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 August

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 5, 1886

4. Place of Birth, (Street and Number) 6 East St

5. Full Name of Mother, Katharine Adams

6. Mother's Maiden Name, Kathrine Helfry

7. Mother's Birthplace, Prussia

8. Full Name of Father, August Adams

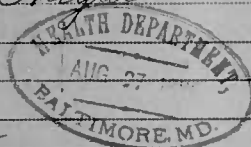
9. Father's Occupation, Carpenter

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. E. Scherman

Address, Albemarle st N 26.

Remarks,



report the birth to the Commissioner of Health in the manner and within the time specified in the regulations, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 87999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

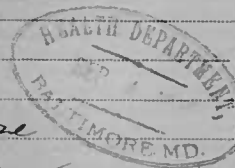
Name, Stephen E. Freeze
No. of Child of Mother (state whether 1st, 2d, 3d, &c.). 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth Aug 5. 1886
4. Place of Birth, (Street and Number) 58 Lothrop St
5. Full Name of Mother, Margaret M. Freeze
6. Mother's Maiden Name, " " Swann
7. Mother's Birthplace, md.
8. Full Name of Father, Thos B Freeze
9. Father's Occupation, Grocer
10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return. Chas Lane Sanyhill

Address, 219 Madison Ave.

Remarks, _____



report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH ^{88.000}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, 8-5-86

4. Place of Birth, (Street and Number) 3 Eutaw Court

5. Full Name of Mother, Esther Evans

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, John Dare

9. Father's Occupation, Cyber Shucker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return, Caroline C. Smith L. D.

Address, 145 Park Ave.

Remarks, _____



Report the birth to the Commissioner of Health, in the manner and within the period prescribed in the regulations of this section, and be subjected to the fine of ten (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 5th 1886

4. Place of Birth, (Street and Number) Baltimore St. 25

5. Full Name of Mother, Lena Hayfel

6. Mother's Maiden Name, Kaestner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Hayfel

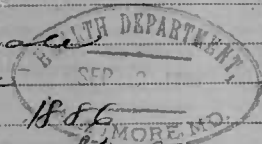
9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Kelly

Address, 48 Hall and St.

Remarks, _____



RETURN OF A BIRTH

88002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 5th 1886.

4. Place of Birth, (Street and Number)

128 South Howard St.

5. Full Name of Mother,

Louisa Rodenhein

6. Mother's Maiden Name,

" Kneifel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Rodenhein

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

328 South Eutaw Jr

Remarks,

Baltimore



Report its birth to the Commissioner of Health in the manner prescribed by the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Missing 88003-88005
incl.

RETURN OF A BIRTH 38006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

5 Wagon at Aug 5/82

4. Place of Birth, (Street and Number)

5 Wagon alley

5. Full Name of Mother,

Rachael Harman

6. Mother's Maiden Name,

Rachael Brown

7. Mother's Birthplace,

Bucks

8. Full Name of Father,

Peper Harman

9. Father's Occupation,

Laborman

10. Father's Birthplace,

ind

Name of Medical Attendant, or other Person who makes this Return.

Jesse Wardland

Address,

Remarks,



It shall be the duty of the Registrar of Health, in the manner and within the period above required, and any such person who shall fail to do so, or any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug. 5. 1886.

4. Place of Birth, (Street and Number) 307 W. Hoffman

5. Full Name of Mother, Katie Stuart

6. Mother's Maiden Name, Emerick

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Richard Stuart

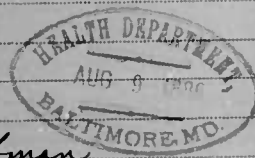
9. Father's Occupation, Farmer

10. Father's Birthplace, Balt. Co

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



J. A. Christian M.D.
526 Madison Ave.

88005

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 5th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 5 1886

4. Place of Birth (Street and Number)

No 66 Dunkin Alley

5. Full Name of Mother

Sophia Getts

6. Mother's Maiden Name

Sophia Bush

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Josiah Getts

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ann E Ball

Address

No 131 Fairmount Avenue

Remarks

name of the mother of such child or children.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *August 2, 1881*

4. Place of Birth, (Street and Number) *Jefferson St*

5. Full Name of Mother, *Louisa Keys*

6. Mother's Maiden Name, *Louisa Smith*

7. Mother's Birthplace, *Mathews, Md.*

8. Full Name of Father, *Robt Keys*

9. Father's Occupation, *Stevenson*

10. Father's Birthplace, *Charleston*

Name of Medical Attendant, or other Person who makes this Return, *Louisa A. Wolford*

Address, *130 Regester St*

Remarks,



any person who shall become the duty of the person or persons of such child, to be in attendance upon the mother, nurse, or other person, in the manner and within the period above required, and any such person who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Aug 18 1886*

4. Place of Birth, (Street and Number) *350 West St*

5. Full Name of Mother, *Caroline Wayman*

6. Mother's Maiden Name, *Caroline Wayman*

7. Mother's Birthplace, *Caroline Co Md*

8. Full Name of Father, *Howard*

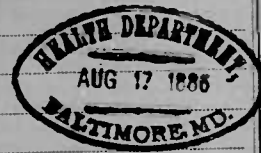
9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return, *James Limes*

Address, *69 Russell St*

Remarks,



birth of any child shall occur without the attendance of a Physician or headmaster of the institution, and the person or persons attending the birth of such child, to be in attendance upon the mother, must be duly licensed by the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered, as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 88011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5th Aug. 1886

4. Place of Birth, (Street and Number)

8 Church St

5. Full Name of Mother,

Virginia Morgan

6. Mother's Maiden Name,

Pusey

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Wm. J. Morgan

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

H V Webster

Address,

101 Barrer

Remarks,



to be in attendance upon the mother, husband, or surviving partner, or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

HEALTH DEPARTMENT,
AUG 23 1910
BALTIMORE, MD.

Male

5 August

23 Canal Street

August Mann

Stager

Baltimore

William Maun

Workingman

Baltimore

Sarah Casper

72, E. Lombard Street

Remarks.

RETURN OF A BIRTH ⁸⁸⁰¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *5th of August*

4. Place of Birth, (Street and Number) *420 Nord Gillmore St*

5. Full Name of Mother, *Mary Weber*

6. Mother's Maiden Name, *Mary Ammer*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *G. J. Weber*

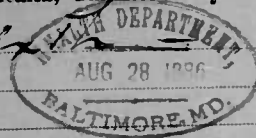
9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Vienna - Austria Europe*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Schneider*

Address, *100 North Schurder St.*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

For all persons born in the United States, and for all persons born abroad of American parents, the birth of every child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

880³14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 6 of August

4. Place of Birth, (Street and Number)

No Baltimore

5. Full Name of Mother,

Rumigunda Feller

6. Mother's Maiden Name,

Rumigunda Tribes

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jafu Feller

9. Father's Occupation,

Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Mrs. Ch. Lauer

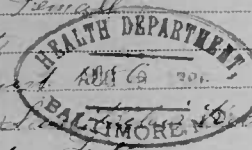
Address,

No 173 Harford Ave

Remarks,

Balt. Md.

1886



be in attendance upon the mother, immediately after the birth of the child, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore have failed to do so, shall be subject to be fined in (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number) 136 Columbia Ave

5. Full Name of Mother, Maggie Hatch

6. Mother's Maiden Name, M. Branson

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Thayer Hatch

9. Father's Occupation, Booster

10. Father's Birthplace, Maryland

Name of Medical Attendant, Geo R Graham M.D. or other Person who makes this Return.

Address, 136 Columbia Ave

Remarks,



RETURN OF A BIRTH ⁸⁸⁰¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 6

4. Place of Birth, (Street and Number)

655 Grand St.

5. Full Name of Mother,

Anna Kollerdt

6. Mother's Maiden Name,

Kaiser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. H. Kollerdt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

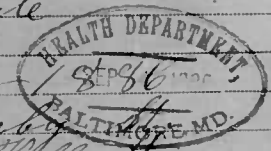
Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

151 G. Pratt St.

Remarks,



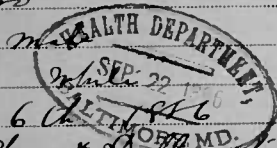
For an acknowledgment of this return, the Registrar of Vital Statistics, Baltimore City, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or midwife, or any other person, or any such person shall be liable to a fine of ten dollars, and any such person who shall neglect to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH ⁸⁵⁰¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Aug 6 1886
4. Place of Birth, (Street and Number) N E Chan & Diller St
5. Full Name of Mother, Agnes Shuttle
6. Mother's Maiden Name, Lander
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Shuttle
9. Father's Occupation, Wagon Driver
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. B. Billingden
- Address, _____
- Remarks, _____



RETURN OF A BIRTH ⁸⁸⁰¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 6th 1886

4. Place of Birth, (Street and Number)

1 Eastern Alley

5. Full Name of Mother,

Elizabeth Toibne

6. Mother's Maiden Name,

Reichstein

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Reichhold Toibne

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

S. H. Sildner M.D.

Address,

3601 Caroline & Eager St.

Remarks,

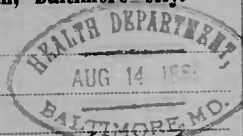


report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, August 6th 1886
 Place of Birth, (Street and Number) 116 Sharp St
 Full Name of Mother, Russell O Richardson
 Mother's Maiden Name, " "
 Mother's Birthplace, Tellus Co. Md
 Full Name of Father, Frank O Richardson
 Father's Occupation, Commissioner Maryland
 Father's Birthplace, A A Co Md
 Name of Medical Attendant, or other Person who makes this Return, Thodore Cooke M.D.
 Address, 46 Hanover St
 Remarks, _____



Persons who fill out this return are liable for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH ⁸⁸⁰²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 6 4 1886

4. Place of Birth, (Street and Number) 71 N. Arlington St.

5. Full Name of Mother, Mary Theresa McKenna

6. Mother's Maiden Name, Mary J. O'Connell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William McKenna

9. Father's Occupation, Monk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. H. Barton M.D.

Address, _____

Remarks, _____



Report his birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of two (2) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th Augst 1886

4. Place of Birth, (Street and Number)

172 H. Hughes

5. Full Name of Mother,

Justine Penn

6. Mother's Maiden Name,

Sauerhoff

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Charles Penn

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

H. W. Webster

Address,

101 Barrett

Remarks,



RETURN OF A BIRTH ⁸⁸⁰²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 6th of Oct

4. Place of Birth, (Street and Number) Cor Federal and Madison

5. Full Name of Mother, Mrs. Lillie Deekman

6. Mother's Maiden Name, Lillie Engelman

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John J. Deekman

9. Father's Occupation, milk man

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna M. McLean

Address, 1011 E. Baltimore

Remarks,



Report for birth to the Commissioner of Health in the manner and within the period above required, and any such person who fails to do so shall be subject to a fine of ten dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

88023

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ninth

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Caucas

3. Date of Birth

August 7th

4. Place of Birth (Street and Number)

69 Wilmarie Alley

5. Full Name of Mother

Eliza Jane Davis

6. Mother's Maiden Name

White

7. Mother's Birthplace

Denton Md.

8. Full Name of Father

Edward White

9. Father's Occupation

Labrer

10. Father's Birthplace

Queen Anne's Co Md

Name of Medical Attendant, or other Person who makes this Return.

Francis Granby

Address

69 Leadenhall St

Remarks

Strong well

name of the mother of such child or children.



RETURN OF A BIRTH

88024

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 4th 1886

4. Place of Birth, (Street and Number)

Foster Ave

5. Full Name of Mother,

Delia Clark

6. Mother's Maiden Name,

Penning

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Dwain Clark

9. Father's Occupation,

Labourer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes the Return

A. M. Bell, M.D.

Address,

128 Cathedral St

Remarks,



RETURN OF A BIRTH 88025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 7th 1886

4. Place of Birth, (Street and Number) 242 N Dallas St

5. Full Name of Mother, Madgelina Lundy

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Lundy

9. Father's Occupation, Taylor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Groomy

Address, 446 N Gay St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of it in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88026

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug. 7 1886

4. Place of Birth, (Street and Number) 298 Hamburg St.

5. Full Name of Mother,

6. Mother's Maiden Name, Eugene Wheatley

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Hezekiah Holmes

9. Father's Occupation, oystershucker

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 50 Race St.

Remarks,

RETURN OF A BIRTH ⁸⁸⁰²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Redhead

3. Date of Birth

Aug 7 Sept 28 1886

4. Place of Birth, (Street and Number)

17 Cairo St

5. Full Name of Mother

Priscilla Bessinghams

6. Mother's Maiden Name

Priscilla Bessinghams

7. Mother's Birthplace

Ma.

8. Full Name of Father

John Tyres

9. Father's Occupation

Sailor

10. Father's Birthplace

Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return

John Woodland

Address

Remarks

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 7 1886

4. Place of Birth, (Street and Number) McClellan St. 111

5. Full Name of Mother, Kathleen Holman

6. Mother's Maiden Name, Brickens toke

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Holman

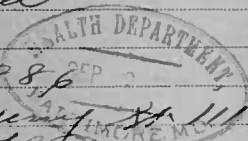
9. Father's Occupation, Builder

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this return, Mrs R. Volvig

Address, 48 Hall and St.

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the time herein prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 88029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 7th 1880*

4. Place of Birth, (Street and Number) *315 South Market Baltimore*

5. Full Name of Mother, *Maggie Eckelt*

6. Mother's Maiden Name, *Fink*

7. Mother's Birthplace, *Born Baltimore*

8. Full Name of Father, *Albert Eckelt*

9. Father's Occupation, *Occupation Carpenter*

10. Father's Birthplace, *Born Berlin Europe*

Name of Medical Attendant, or other Person who makes this Return, *Augusta Boisen*

Address, *927 South Market*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Aug. 7th 1896*

4. Place of Birth, (Street and Number) *#13 Albemarle St.*

5. Full Name of Mother, *Lottie Zimmer*

6. Mother's Maiden Name, *Zock*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Arthur Zimmer*

9. Father's Occupation, *Carver*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Wm. Henry Kilgerist*

Address, *#1125 Monument St.*

Remarks,



RETURN OF A BIRTH 88031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 7th 1886

4. Place of Birth, (Street and Number) 1444 Canton Ave

5. Full Name of Mother, Lina Branch

6. Mother's Maiden Name, Lina Kelly

7. Mother's Birthplace, Balt. City

8. Full Name of Father, John Branch

9. Father's Occupation, Cannaker

10. Father's Birthplace, Balt. city

Name of Medical Attendant, Mrs R. A. Yelverton
or other Person who makes this Return.

Address, 65 Burke Street

Remarks, formerly Mrs Garrett.



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 7, 1886*

4. Place of Birth, (Street and Number) *N. Washington St. No 113*

5. Full Name of Mother, *Soria Grill*

6. Mother's Maiden Name, *Soria Müller*

7. Mother's Birthplace, *Jülich, Prussia, Germany*

8. Full Name of Father, *Gottfried Grill*

9. Father's Occupation, *Photographer*

Father's Birthplace, *Lebenhaas, N. W. Prussia, Europe*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No 26*

Remarks,



RETURN OF A BIRTH 88033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *August 7, 1886*

4. Place of Birth, (Street and Number) *N. Chappel St. No. 2.*

5. Full Name of Mother, *Emile Obst*

6. Mother's Maiden Name, *Emilie Mar*

7. Mother's Birthplace, *Friedrichsgade, W. Preussen Germany*

8. Full Name of Father, *Joseph Obst*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Lubek, W. Preussen Germany*

Name of Medical Attendant, or other Person who makes this return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 7/86

4. Place of Birth, (Street and Number)

7 Pariah St

5. Full Name of Mother,

Anna Weigle's

6. Mother's Maiden Name,

Anna Edmund

7. Mother's Birthplace,

Pa

8. Full Name of Father,

James Willis

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other Person who makes this Return.

Jane M. M. M.

Address,

Remarks,



१४३७

BALTIMORE CITY.

Amy Stein ^{BA}

 $2^{m \times n}$

Female

White

Aug 7th 1886

164 Balton Sh

Emma Stein

Emma Harlan

Baltimore

Michael Stein

Broken

13 allumina

71.7. Hancock MS

80 Redx 24

Remarks

of the parents, and the maiden name of the mother of such child or children.

55036 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 7 / 86

4. Place of Birth (Street and Number)

306

Roundy Ave - Balto

5. Full Name of Mother

Elizabeth Kelly Grochows

6. Mother's Maiden Name

Wight

7. Mother's Birthplace

Balto. Co. Md

8. Full Name of Father

George J. Grochows Jr

9. Father's Occupation

Collector & Real Estate

Father's Birthplace

Balto City -

Name of Medical Attendant, or other Person who makes this Return.

Self Male MD
128 Madison St

Address

Remarks



RETURN OF A BIRTH 88037

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fidelis Clinton Winters*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug - 7th 1886*

4. Place of Birth, (Street and Number) *467 W. Ball.*

5. Full Name of Mother, *Elizabeth Winters.*

6. Mother's Maiden Name, *Elizabeth Lannahan.*

7. Mother's Birthplace, *Ireland.*

8. Full Name of Father, *Frank Winters.*

9. Father's Occupation, *Restaurant-*

10. Mother's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this Return

Address, *Imman 7 Hill Mt*

Remarks, *17 W. Calhoun. cc-*

This party was confirmed Aug - 4th 1885.
GIVEN NAME ADDED. 2-4-512

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Roland
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



August 7th 1881
22 McMechen St.
Jessie A. Roland,
Jessie A. Murray,
Baltimore City, Md.
Thomas B. Roland,
Quintess,
Baltimore City, Md.
John J. H. Maged, M.D.
273 Lexington St.

report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be liable to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{850.39}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 4th 1886*

4. Place of Birth, (Street and Number) *15 So Frederick St*

5. Full Name of Mother, *Emma Musey*

6. Mother's Maiden Name, *Emma Carlin*

7. Mother's Birthplace, *Dicks Md*

8. Full Name of Father, *Chas. Musey*

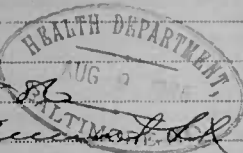
9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Hedgwick Md*

Name of Medical Attendant, or other Person who makes this Return, *J. Shinnery M.D.*

Address, *41 W. Carey St*

Remarks, _____



RETURN OF A BIRTH 88040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The first*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *The seven of august 1886*
4. Place of Birth, (Street and Number) *57 1/2 parish St Baltimore*
5. Full Name of Mother, *Kate R. Myers*
6. Mother's Maiden Name, *Kate R. Harder*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John Myers*
9. Father's Occupation, *Boiler Maker*
10. Father's Birthplace, *~~Baltimore~~ Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Maras Drasing*
- Address, *48 South Parish St Baltimore Md*
- Remarks, *Mother and Child are doing well*



of person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 88041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 7/86

4. Place of Birth, (Street and Number) 110 Maryland St

5. Full Name of Mother, Kate Delaney

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, City

8. Full Name of Father, Geo F Delaney

9. Father's Occupation, Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Dr D Blake Man

Address, 158 S Pennsylvania

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of 10 dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH, 88042

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Male
White
August 7. 86
349 W. Embury St
Barra Parris
Harris
Baltimore Md
Full August Parris
Fireman
Germany
Albany Mo.
282 W. Embury St

RETURN OF A BIRTH ⁸⁸⁰⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

August 7th 1886

4. Place of Birth, (Street and Number)

No. 8 Mason Alley

5. Full Name of Mother

Elizabeth Sampson

6. Mother's Maiden Name

Elizabeth Turner

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Edward Sampson

9. Father's Occupation

Waiter

10. Father's Birthplace

Baltimore, Md.

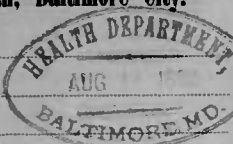
Name of Medical Attendant, or other Person who makes this Return

Annie Johnson

Address

94 Tyson St

Remarks



report the birth to the Commissioner of Health, to the number and within the period above required, and any such person or persons failing to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{880 44}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

Sex, (state whether male or female)

Male Child

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

7th August 1886

4. Place of Birth, (Street and Number)

Garrett St. G. 74 N.

5. Full Name of Mother,

Mathilde Müller

6. Mother's Maiden Name,

Mathilde Doroff

7. Mother's Birthplace,

Bremen Germanye

8. Full Name of Father,

Herrman Müller

9. Father's Occupation,

Stevenson

10. Father's Birthplace,

Bremen Germanye

Name of Medical Attendant,

or other Person who makes this Return

Lizzie Schaffer

Address,

Hull St. G. 31 L. S.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88045

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, 7th of August 1886
4. Place of Birth, (Street and Number) Cedar row No 15
5. Full Name of Mother, Eula Carroll
6. Mother's Maiden Name, Eula Hawkins
7. Mother's Birthplace, Georgia
8. Full Name of Father, Moses Carroll
9. Father's Occupation, hod carrier
10. Father's Birthplace, Maryland
Name of Medical Attendant, or other Person who makes this Return Lydia Somerville
Address, 13 Clinton ave
Remarks,

When the birth of a child is reported to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each child not to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

83046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 7th.

4. Place of Birth, (Street and Number) 158 N. Schroeder St

5. Full Name of Mother, Mrs. Ellen Bodensick

6. Mother's Maiden Name, " Lamb

7. Mother's Birthplace, Annapolis

8. Full Name of Father, W. A. Bodensick

9. Father's Occupation, Messenger B. & O. R. R.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, H. Hill M.D.

Address, 23 Edmondson Ave

Remarks, _____



RETURN OF A BIRTH 88047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 August

4. Place of Birth, (Street and Number)

23 Lombard

5. Full Name of Mother,

Mary F. Laskey

6. Mother's Maiden Name,

Fink

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel F. Laskey

9. Father's Occupation,

Labourer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

79 E. Lombard street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

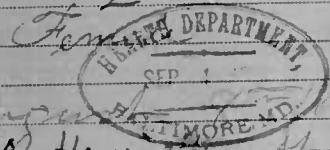
RETURN OF A BIRTH 88048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

Sto 80 Hennrich St

5. Full Name of Mother,

Annie Vogel

6. Mother's Maiden Name,

Annie Hanzel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Vogel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Meiss Munch

Address,

1 Seadenhall St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9. (88049)

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

August 8th 1886

Place of Birth, (Street and Number)

No 162. Chester st.

Full Name of Mother,

Fannie Hobbs

Mother's Maiden Name,

Fannie Meyer

Mother's Birthplace,

Baltimore

Full Name of Father,

Charles Hobbs

Father's Occupation,

Gas fitter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Louisa Schull

Address,

No 246 Chew Street

Remarks,

any of the persons named in this report of the birth and death of illegitimate children, and within the period specified in the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 88050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) m

Race or Color, (if not of the white race) White

Date of Birth, 6th Aug 1886

Place of Birth, (Street and Number) 121 Biddle street

Full Name of Mother, Laura Mae

Mother's Maiden Name, cc

Mother's Birthplace, Balt

Full Name of Father, Michael Joe

Father's Occupation, carpenter

Father's Birthplace, Balt

Name of Medical Attendant, C. B. Gander M.D.
or other Person who makes this Return.

Address, 619 Cathedral

Remarks, _____



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 8th 1886

4. Place of Birth, (Street and Number) No 48 Birney St

5. Full Name of Mother, Rose King

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Balto Ind

8. Full Name of Father, Charles A King

9. Father's Occupation, Car - Driver

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, Sarah Rollins

Address, _____

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, Aug 8th 1886
4. Place of Birth, (Street and Number) Orleans St-38
5. Full Name of Mother, Regina Kishenbaum
6. Mother's Maiden Name, Simon
7. Mother's Birthplace, Poland
8. Full Name of Father, Jacob Kishenbaum
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Poland
Name of Medical Attendant, or other Person who makes this Return, Mrs R. H. H. H.
Address, 48 Hall Street
Remarks,

RETURN OF A BIRTH ⁸⁸⁰⁵⁻³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 8, 1888

4. Place of Birth, (Street and Number)

Boundary Street, near Minn. St., No. 100

5. Full Name of Mother,

Amelia Leonard

6. Mother's Maiden Name,

Keller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Leonard

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. H. Seldner, M. D.

Address,

100 Boundary Street, near Minn. St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 58054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 25 1884

4. Place of Birth, (Street and Number)

325 E. Baltimore St.

5. Full Name of Mother,

Laura V. Gibson

6. Mother's Maiden Name,

Wolf

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William James Gibson

9. Father's Occupation,

Salmonman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Dr. J. H. Seldner, M.D.

Address,

2 E. Carrollton St.

Remarks,

For persons who shall hereafter fail to comply with the provisions of this section, a fine of \$100 shall be levied, and for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 8, 1886*

4. Place of Birth, (Street and Number) *Holbrook St No 26*

5. Full Name of Mother, *Mary Sehnagel*

6. Mother's Maiden Name, *Mary Saw*

7. Mother's Birthplace, *Baldy City*

8. Full Name of Father, *Nicholas Sehnagel*

9. Father's Occupation, *Clark*

10. Father's Birthplace, *Baldy City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *No 26 N. Dallas St.*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 8, 1886*

4. Place of Birth, (Street and Number) *S. Caroline St. No. 148*

5. Full Name of Mother, *Matharine Blessing*

6. Mother's Maiden Name, *Matharine Grossburg*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Simon Blessing*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Fischbach, Gr. Baden, Germany*

Name of Medical Attendant, or other Person who makes this Return, *May E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Born last Sunday 8th

4. Place of Birth, (Street and Number)

Harmony Lane East Schroeder

5. Full Name of Mother,

Lizzie Carr

6. Mother's Maiden Name,

Lizzie Jack

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Daniel Carr

9. Father's Occupation,

White Washer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Liza Cornish

Address,

Harmony Lane

Remarks,



RETURN OF A BIRTH 88055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Little Girl

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

Nov. 8 Born 8 Aug. 1888

4. Place of Birth, (Street and Number)

Born 1270 Monroe St

5. Full Name of Mother,

Mrs. Thate Hoffman

6. Mother's Maiden Name,

Miss " Vhrlic

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mrs. Frank Hoffman

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mrs. Hiller

Address,

1017 West Pratts

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the time provided in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

Report, by birth to the Commissioner of Health, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 880089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 8th 1886

4. Place of Birth, (Street and Number)

48 South Parrish St Baltimore Md

5. Full Name of Mother,

Mary Kraning

6. Mother's Maiden Name,

Mary Hinkelmann

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Charles Kraning

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Miss Freberger

Address,

37 McKimry Baltimore Md

Remarks,

Mother and Child are doing well



RETURN OF A BIRTH ⁸⁸⁰⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th August

4. Place of Birth, (Street and Number) No. 8 Philadelphia Road

5. Full Name of Mother, Ella. ~~X~~ Wells

6. Mother's Maiden Name, Ella. Shackelford

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Francis Hamilton Wells

9. Father's Occupation, Brick Burner

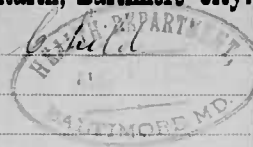
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Glasco

Address, McClary St. extended

Remarks, _____

The duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period now required, except in the cases of illegitimate children, and to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.



RETURN OF A BIRTH

88061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

24th Aug 1886

4. Place of Birth, (Street and Number)

Laburg St No 299

5. Full Name of Mother,

Mary Jones

6. Mother's Maiden Name,

Mary Cook

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Alfred Jones

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Chollety Proctor M.D.

Address,

10 Carlton St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the time specified, and pay such person for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

88062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 8th 1886

4. Place of Birth (Street and Number)

194 Argyle Ave

5. Full Name of Mother

Mary Frances Miller

6. Mother's Maiden Name

Mary F. Robey

7. Mother's Birthplace

Pr Geo Co Md

8. Full Name of Father

Geo A Miller

9. Father's Occupation

Driver of Milk Wagon

10. Father's Birthplace

Anne A Co Md

Name of Medical Attendant, or other Person who makes this Return.

Geo C Pgle M.D.

Address

229 W Cary St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 88063

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) - - -
3. Date of Birth, August 8 1886
4. Place of Birth, (Street and Number) 814 S Bond St
5. Full Name of Mother, Anna Swallow
6. Mother's Maiden Name, Anna Hilts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Swallow
9. Father's Occupation, Mariner
10. ☒ Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith
- Address, Home of Child
- Remarks, Little Swallow

RETURN OF A BIRTH, 88064

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Name of the mother of such child or children.

Report as to the manner of death, to the Registrar of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of \$10 (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth Child.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 8, 1880

4. Place of Birth, (Street and Number)

183 Broadway alley

5. Full Name of Mother,

Annie Brown

6. Mother's Maiden Name,

Annie Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Freund

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

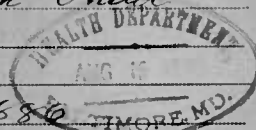
Name of Medical Attendant, or other Person who makes this Return.

House Wiley

Address,

30 Patterson Park Ave.

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August the 8th

4. Place of Birth, (Street and Number)

Baltimore Wellman St 1834 1/2

5. Full Name of Mother,

Ellen Druman

6. Mother's Maiden Name,

fealey

7. Mother's Birthplace,

ireland

8. Full Name of Father,

james Druman

9. Father's Occupation,

labour

10. Father's Birthplace,

ireland

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Scatterm

Address,

light St 1833 1/2

Remarks,

RETURN OF A BIRTH 88067

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *very bright*

3. Date of Birth, *eight th of august 1886*

4. Place of Birth, (Street and Number) *200 shields aly*

5. Full Name of Mother, *anna styles*

6. Mother's Maiden Name, *anna wheat*

7. Mother's Birthplace, *virginia*

8. Full Name of Father, *Charles styles*

9. Father's Occupation, *Water*

10. ☒ her's Birthplace, *accomas County virginia*

Name of Medical Attendant, or other Person who makes this Return *Lydia somerville*

Address, *13 E. Clinton ave*

Remarks,



Report for birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 8, 1880

4. Place of Birth, (Street and Number)

No. 423 N. Chester

5. Full Name of Mother,

Annie Carter

6. Mother's Maiden Name,

" Hall

7. Mother's Birthplace,

Ira

8. Full Name of Father,

Presley Carter

9. Father's Occupation,

Plasterer

10. Father's Birthplace,

Ira

Name of Medical Attendant, or other Person who make this Return

Harry Howell

Address, 266 S. Enoch St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

88069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Aug 8 1886

4. Place of Birth, (Street and Number) No 85 E. Biddle St

5. Full Name of Mother, Lilly M. Williams

6. Mother's Maiden Name, " " Chalk

7. Mother's Birthplace, Balti

8. Full Name of Father, Charles Williams

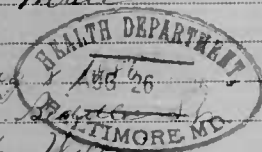
9. Father's Occupation, Carpenter

10. Father's Birthplace, Balti

Name of Medical Attendant, or other Person who makes this Return. Mary V. Small

Address, 286 N. Trench St

Remarks, _____



Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 9 / 1886

4. Place of Birth, (Street and Number)

N.E. Cor Bond & M

5. Full Name of Mother,

Emma Thistle

6. Mother's Maiden Name,

" Elliott

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John H Thistle

9. Father's Occupation,

Salesman

10. Father's Birthplace,

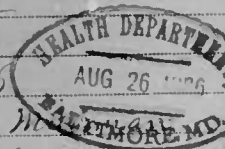
Balto

Name of Medical Attendant, or other Person who makes this Return.

Henry H. Wilson

Address, *286 - 11 - 11 - 11 - 11*

Remarks,



RETURN OF A BIRTH 88071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *By this wife*

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

August 7th 1886

4. Place of Birth, (Street and Number)

148 N. Central Ave

5. Full Name of Mother,

Annie Paulus

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Paulus

9. Father's Occupation,

Saloon

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Alfred Schergerman

Address,

88 E Baltimore St

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this requirement, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall not after fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 (seven)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th of August 1886

4. Place of Birth, (Street and Number) 15. N. Poppleton - street

5. Full Name of Mother, Lizzie Krasser

6. Mother's Maiden Name, Lizzie Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas Alexander Edmund, Oscar Krasser

9. Father's Occupation, Machinist at pr. Saloon - Reper.

10. Father's Birthplace, Ulm & S. Wurtemberg, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Seebach

Address, 434 Pratt St

Remarks,

RETURN OF A BIRTH. 880 73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

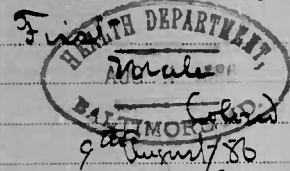
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Wyers Court between Hanover & Shaul Sts

Ella Dixon

Ella Dixon

Hicksborough Maryland

Margaret Wilson

#10 8th St

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fails to do so, shall be subject to the fine of ten dollars for each failure to do so.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th Aug - 1886

4. Place of Birth, (Street and Number) 153 E Biddle St

5. Full Name of Mother, Carrie Jenkins

6. Mother's Maiden Name, " O'ne

7. Mother's Birthplace, Balto.

8. Full Name of Father, John H Jenkins

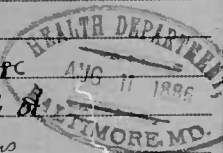
9. Father's Occupation, Balto Contractor

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Groom

Address, 466 N Gay St

Remarks,



See the instructions which the mother, married lady, clerk or a friend, presents the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name *George J. Seufert*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* Child.

1. Sex, (state whether male or female)

Boy.

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

9th of August 1886.

4. Place of Birth, (Street and Number)

133 North Durham Street

5. Full Name of Mother,

Frances (Hagerland)

6. Mother's Maiden Name,

Frances (Seiffert) Seufert.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George (Seiffert) Seufert

9. Father's Occupation,

Tailor.

10. Father's Birthplace,

Ashland.

Name of Medical Attendant, or other Person who makes this Return.

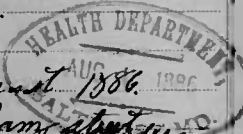
Crescentia Kunkel

Address,

71 North Chapel St. per Justina Kunkel.

Remarks,

Healthy.



When known the
person or persons
responsible for the
neglect of the child
shall be liable to
prosecution under
the provisions of
this section shall be
subject to a fine of
not less than \$10
nor more than \$50
for each child
neglected, and
shall be liable to
be recovered as
other fines and
penalties are
recoverable.

RETURN OF A BIRTH¹⁸⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Aug. 9, 1886.

4. Place of Birth, (Street and Number)

492 W. Balto. St.

5. Full Name of Mother,

Shirley E. Patterson,

6. Mother's Maiden Name,

Muggins,

7. Mother's Birthplace,

Balto. City,

8. Full Name of Father,

Geo. E. Patterson,

9. Father's Occupation,

Paperhanger,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. F. Ryte M.D.
2157 Sawale

Address,

Remarks,



RETURN OF A BIRTH 85077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 9th 1886

4. Place of Birth, (Street and Number)

1601 and St. 16

5. Full Name of Mother,

Barbara Hoffman

6. Mother's Maiden Name,

Schuman

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

William Hoffman

9. Father's Occupation,

Carpet-Weaver

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this return.

Wm R. Volz

Address,

48 Ball and St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who violate this provision shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 9th 1888

4. Place of Birth, (Street and Number)

1016 Wilkes St.

5. Full Name of Mother,

Carrie Mack

6. Mother's Maiden Name,

" " Smith

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

John T. Mack

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annal Lindner

Address,

1016 Wilkes St.

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such return or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 9, 1888*

4. Place of Birth, (Street and Number) *11 Holbrook St.*

5. Full Name of Mother, *Catharine Bitter*

6. Mother's Maiden Name, *Hentzel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Bitter*

9. Father's Occupation, *Coppersmith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Seldner M.D.*

Address, *10 Cor. Caroline & Eager Sts.*

Remarks,



RETURN OF A BIRTH

85080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Aug 1886

4. Place of Birth, (Street and Number) 99 A Holloet St

5. Full Name of Mother, Mary Griger

6. Mother's Maiden Name, Mary Lacher

7. Mother's Birthplace, Germany

8. Full Name of Father, George Lacher

9. Father's Occupation, Tailor

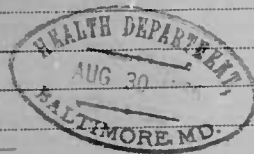
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Kops

Address, 67 A Macbride St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter neglect or refuse to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁵⁰⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Aug 9 86

4. Place of Birth, (Street and Number) 56 W. Biddle

5. Full Name of Mother, Wilhelm

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Ind

8. Full Name of Father, John Wilhelm S

9. Father's Occupation, Book-keeper

10. Father's Birthplace, Ind -

Name of Medical Attendant, or other Person who makes this Return

Address, _____

Remarks, _____



Henry Chandler M.D.
181 Linden Av.

State of the parent or parents of such child to report his birth to the Board of Health, in the manner and within the time specified, and to cause the same to be registered, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 9th 1886*

4. Place of Birth, (Street and Number) *3 Hope St*

5. Full Name of Mother, *M. A. Kitzelberger*

6. Mother's Maiden Name, *M. J. Williams*

7. Mother's Birthplace, *Ma*

8. Full Name of Father, *John A. Kitzelberger*

9. Father's Occupation, *Mechanic*

10. Father's Birthplace, *Ma*

Name of Medical Attendant, or other Person who makes this Return, *Dr. B. Stoltz, Ma*

Address, *50 Harrison St*

Remarks,

report to the Registrar of Vital Statistics, Baltimore City, the names and addresses of the parents of every child born in the city, and the date of birth, and the sex, race or color, and the place of birth, and the full name of the mother, and the maiden name of the mother, and the full name of the father, and the occupation of the father, and the birthplace of the father, and the name of the medical attendant, or other person who makes this return, and the address of the medical attendant, or other person who makes this return, and the remarks.

RETURN OF A BIRTH 88083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 14, 1886*

4. Place of Birth, (Street and Number) *Caroline St. No. 146*

5. Full Name of Mother, *Mattie Bernhard*

6. Mother's Maiden Name, *Mattie Grossberg*

7. Mother's Birthplace, *Marbach, W. Prussia, Germany*

8. Full Name of Father, *Heinrich Bernhard*

9. Father's Occupation, *Laborm*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *Dallas St. No. 26*

Remarks,

report as birth to the Commissioner of Health, in the case of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88080

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th - 6 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th of August - 1886

4. Place of Birth, (Street and Number) 376 South Sharp St.

5. Full Name of Mother, Thoma Bohm

6. Mother's Maiden Name, " Jam'ow

7. Mother's Birthplace, Steyer Germany

8. Full Name of Father, Frid Bohm

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Magarone

Address, 75 Russell St.

Remarks,



RETURN OF A BIRTH 88083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 9th 1886.

4. Place of Birth, (Street and Number) 425 N. Carey

5. Full Name of Mother, Catherine R. Warthen

6. Mother's Maiden Name, Rickell

7. Mother's Birthplace, Westminster Md.

8. Full Name of Father, Jas. Henry Warthen

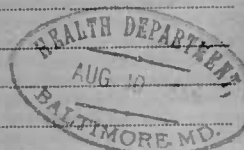
9. Father's Occupation, Plasterer

10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return, W. H. Whistler M.D.

Address, 506 Madison Ave.

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such return or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 9th 1886

4. Place of Birth, (Street and Number)

234 Pennsylvania Ave

5. Full Name of Mother,

Maggie Emerich

6. Mother's Maiden Name,

Mrs. Leufewska

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Emerich

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Christian M.D.

Address,

506 Madison Ave

Remarks,

RETURN OF A BIRTH 85087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

9 of August

4. Place of Birth, (Street and Number)

No 85 Chestnut St

5. Full Name of Mother,

Marrak

6. Mother's Maiden Name,

Marrak

Logans

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John

Logans

9. Father's Occupation,

Labor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Harold Jackson

Address,

14 Longlast

Remarks,

Every person who reports a birth to the Commissioner of Health, in the manner and within the period above required, and who signs a return, or persons who shall hereafter be appointed, shall be subject to a fine of ten (10) dollars for each return so received as a return and for failure to return as required.

Report its birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August the 9 1886*

4. Place of Birth, (Street and Number) *W. Ball St. No. 730*

5. Full Name of Mother, *Katharine Wild*

6. Mother's Maiden Name, *Katharine Knies*

7. Mother's Birthplace, *Veromm N. K. Oestreich Europa*

8. Full Name of Father, *Madhies Wild*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Veromm N. K. Oestreich Europa*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,



RETURN OF A BIRTH ⁸⁸⁰⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male ~~1879~~

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

10 August 1879

4. Place of Birth, (Street and Number)

288 Hamburg Street

5. Full Name of Mother,

Laura Fuchs

6. Mother's Maiden Name,

Trenchel

7. Mother's Birthplace,

Vineburg Europe

8. Full Name of Father,

Wm F. Fox

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Vineburg Europe

Name of Medical Attendant, or other Person who makes this Return.

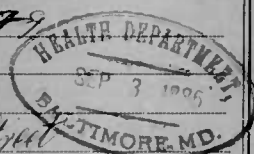
Dr. H. Bange

Address,

206 Crozer between Ridely and Broadway

Remarks,

X



report to the City of Baltimore, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as civil dues and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in any other line and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 10th 1886*
4. Place of Birth, (Street and Number) *Maternity, 141 W. Lombard St.*
5. Full Name of Mother, *Jane Collins*
6. Mother's Maiden Name, *Da.*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *✓*
9. Father's Occupation, *✓*
10. Father's Birthplace, *✓*
- Name of Medical Attendant, or other Person who makes this Return, *L. F. Quinnett M.D.*
- Address, *Maternity 141 W. Lombard St.*
- Remarks, *✓*



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 10th 1886

4. Place of Birth, (Street and Number) 37 Bradford Alley

5. Full Name of Mother, Ruizguinda Fister

6. Mother's Maiden Name, Greenwald

7. Mother's Birthplace, City

8. Full Name of Father, Frank Fister

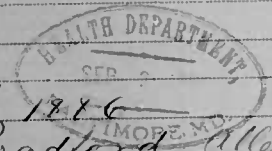
9. Father's Occupation, Cutter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Robt

Address, 120 Bank St.

Remarks, _____



For an attachment upon the law, see the provisions of the Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine and forfeiture are recoverable.

August 10 1896
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT
SEP 25 1896
August 10 1896
Barnum St
Annie Biedback
Annie Roth Boimier
Baltimore
William Biedback
Helper
Baltimore
M R Barker
Heath St 16 10
Dying with

RETURN OF A BIRTH 88094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 30 1888

4. Place of Birth, (Street and Number) 3 Durban St

5. Full Name of Mother, Annie Kluckay

6. Mother's Maiden Name, Annie Kymph

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Josef Kluckay

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Dr. Koptat

Address, 6911 Washington St

Remarks,



Report the birth in the Commissioner of Health, on the enclosed and within the time specified, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁰⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 August 1886

4. Place of Birth, (Street and Number) 690 Bond St

5. Full Name of Mother, Annie Matusa

6. Mother's Maiden Name, Annie Machalska

7. Mother's Birthplace, Pohemog

8. Full Name of Father, Michael Matusa

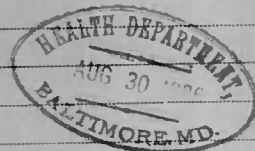
9. Father's Occupation, Tailor

10. Father's Birthplace, Pohemia

Name of Medical Attendant, or other Person who makes this Return May Kaptist

Address, 674 Washington St

Remarks, _____



report its birth in the Commissioner of Health, in the mother and father, and the person who makes this return, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother ~~born~~ whether 1st, 2d, 3d, &c.) *Second Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth

August 11th 1886.

4. Place of Birth, (Street and Number)

Northwest Cor. Center and W. 1st St.

5. Full Name of Mother,

Barbara Snyder

6. Mother's Maiden Name,

Barbara Shanney

7. Mother's Birthplace,

Balti. City

8. Full Name of Father,

John Snyder

9. Father's Occupation,

Yinner

10. Father's Birthplace,

Balti. City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. R. A. Gaylor

Address,

65 Burke St.

Remarks,

formally Mrs. Gannett

report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88097

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Chapfle street ne. Chase

4. Place of Birth, (Street and Number)

born 10 Aug 1886

5. Full Name of Mother,

Lauria Hopkins

6. Mother's Maiden Name,

Lauria Hopkins

7. Mother's Birthplace,

Karpill & Co

8. Full Name of Father,

J. D. Hallenay

9. Father's Occupation,

markan the Lake

10. Father's Birthplace,

Chapfle street ne. Chase

Name of Medical Attendant,

or other Person who makes this Return

Ellen Luesen

Address,

10 27p Chapfle street

Remarks,

near Chase

RETURN OF A BIRTH 88098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 10th 6 P. M. 1886

4. Place of Birth, (Street and Number) 223 S. Euter St

5. Full Name of Mother, Mary Ellen Sloop

6. Mother's Maiden Name, M. E. Murphy

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, J. S. Sloop

9. Father's Occupation, Tailor

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, James C. Driscoll

Address, 279 E. Balto. City, Md

Remarks,



Report his birth to the Registrar of Health, in the manner and within the time above required, and any fine or penalty or persons who fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other times and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 10th 1886

4. Place of Birth, (Street and Number) 103 Pine St

5. Full Name of Mother, Josephine Hallon

6. Mother's Maiden Name, Josephine Gilienthal

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Christopher Hallon

9. Father's Occupation, Yinner

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 W Poppleton St

Remarks,

RETURN OF A BIRTH 88100

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 10th - 1886

4. Place of Birth, (Street and Number)

No 40 Russell St -

5. Full Name of Mother,

Kate Kichner

6. Mother's Maiden Name,

Rapp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kichner

9. Father's Occupation,

Ice Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Nazarene

Address,

70 Russell St -

Remarks,

RETURN OF A BIRTH ⁸⁸¹⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 10th 1886

4. Place of Birth, (Street and Number)

39 China St

5. Full Name of Mother,

Mary Eyerly

6. Mother's Maiden Name,

Mary Slavin

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Isaac Eyerly

9. Father's Occupation,

Cann-maker

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return,

O. A. Cooke M.D.

Address,

110 Foster

Remarks,

See the instructions on the back of this form. The Registrar of Vital Statistics, Baltimore City, is the person to whom this form should be sent. It is the duty of every person who has knowledge of a birth to report the same to the Registrar of Vital Statistics, Baltimore City, within the time specified. For each offense to be recovered as other laws and ordinances are made.

RETURN OF A BIRTH ⁸⁸¹⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{5th Child}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 1st, 1886*

4. Place of Birth, (Street and Number) *Low St. No. 146*

5. Full Name of Mother, *Martha C. Horn*

6. Mother's Maiden Name, *Martha C. Hamilton*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *John Horn*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this return, *Mary E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,



Report the birth of the child to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth, and the parents shall be liable to a fine of ten dollars for each offense to be recovered as other laws and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸¹⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th of Aug

4. Place of Birth, (Street and Number) 115 Fremont St.

5. Full Name of Mother, Emma Montgomery

6. Mother's Maiden Name, Skidmore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Emory Montgomery

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Waters

Address, 257 Caroline St.

Remarks, _____



RETURN OF A BIRTH ⁸⁸¹⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) ^{5th}

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

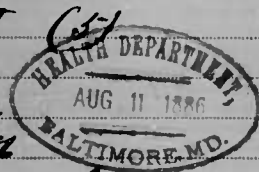
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



August 10th 1886

187 E Baltimore St

Lena Cooper

" Rabinowitz

Russia

Joseph Cooper

Store Keeper

Russia

A. H. Shepherd M.D.

88 E Baltimore St

Shoulder Presentation.

RETURN OF A BIRTH 88105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 10 1888

4. Place of Birth, (Street and Number)

No 258

5. Full Name of Mother,

Barbara M. Schenck

6. Mother's Maiden Name,

" " Schenck

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Joseph Schenck

9. Father's Occupation,

Baker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A. McNeill

Address, 216 W. Duncanson St

Remarks,

For the State of Maryland, the Registrar of Health, to the mother and within the period above required, and any such person who shall fail to comply with the provisions of this Act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Davis

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 11, 1886

4. Place of Birth, (Street and Number) 28 Harrison St.

5. Full Name of Mother, Bettie Bohm

6. Mother's Maiden Name, Bettie Shapiro

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Bohm

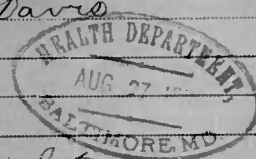
9. Father's Occupation, Storekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E. Scherman

Address, Albemarle St NW

Remarks,



certificate between the first and third day of the month in which the birth of any child shall occur, and the mother, immediately thereafter, shall report the birth of the child to the Registrar of Vital Statistics, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

58167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug. 11th 1884

4. Place of Birth, (Street and Number) Maternity, 161 W. Lombard St.

5. Full Name of Mother, Sarah Brown

6. Mother's Maiden Name, do.

7. Mother's Birthplace, Maryland

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. L. F. Ankrim M.D.

Address, Maternity, 161 W. Lombard St.

Remarks, _____



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 11th

4. Place of Birth, (Street and Number)

137 Chesapeake st.

5. Full Name of Mother,

Elizabeth Altrater

6. Mother's Maiden Name,

" Grepki

7. Mother's Birthplace,

City

8. Full Name of Father,

Joseph Altrater

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Betz

Address,

120 Park st.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 58109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male sex*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *August 11th 1886*

4. Place of Birth, (Street and Number) *No. 181 King St*

5. Full Name of Mother, *Annie Virginia Stahl*

6. Mother's Maiden Name, *Annie Virginia Green*

7. Mother's Birthplace, *Woronzburg Baltimore M.D*

8. Full Name of Father, *William Stahl*

9. Father's Occupation, *iron Moulder*

10. Father's Birthplace, *Baltimore M.D*

Name of Medical Attendant, or other Person who makes this Return *Mrs. L. Under*

Address, *69 North Howard St.*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, or who furnish false information, shall be subject to be fined not more than \$100, or imprisoned not more than 30 days, or both, at the discretion of the court.

RETURN OF A BIRTH ⁸⁵¹¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Race White

3. Date of Birth,

the 11 of august

4. Place of Birth, (Street and Number)

No 331 N Mount Street

5. Full Name of Mother,

Ida Virginia Stiglman

6. Mother's Maiden Name,

Ida Virginia Lister

7. Mother's Birthplace,

frederick county Md

8. Full Name of Father,

Jefferson Louis Stiglman

9. Father's Occupation,

Street car Driver

10. Father's Birthplace,

anapolis Md

Name of Medical Attendant, or other Person who makes this Return

Hester Ketcher

Address,

39 E. Monument street

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 August

4. Place of Birth, (Street and Number)

Highlandtown

5. Full Name of Mother,

Katie Reese

6. Mother's Maiden Name,

Fromm

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Jacob Reese

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard street

Remarks,



RETURN OF A BIRTH 88112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, *Margaret Schrauder*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *11th August 1886*

4. Place of Birth, (Street and Number) *Alie Ave 225*

5. Full Name of Mother,

Margaretta Schrauder

6. Mother's Maiden Name,

Guland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Johann Schrauder

9. Father's Occupation,

Laborer

10. Father's Birthplace,

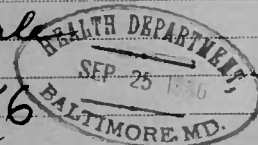
European

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Bernstein

Address, *49 S. Exeter St.*

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense not to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 11 of August 1886

4. Place of Birth, (Street and Number)

No 214 Spring St.

5. Full Name of Mother,

Mary Harris

6. Mother's Maiden Name,

Mary Dig

7. Mother's Birthplace,

Leiderburg Washington Co. Md.

8. Full Name of Father,

Frank Harris

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Sauer

Address,

No 173 Harford Ave

Remarks,

Bal. Md.

1886

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



white

August 11th 1876

212 Second

Clara Kruse

Clara Taylor

Baltimore

Oscar Kruse

Telegraph Operator

Baltimore

D. L. Spivey

307 N. Lombard St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 11, 1886*

4. Place of Birth, (Street and Number) *Low St. No. 27*

5. Full Name of Mother, *Margaretta Goetzke*

6. Mother's Maiden Name, *Margaretta Wittgall*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Paul Goetzke*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Buchhof. N. W. Ger. Reich. Europa*

Name of Medical Attendant, or other Person who makes this Return, *Marz E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,

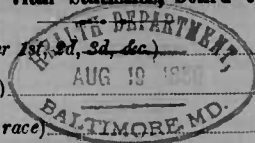


report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1 Child.

Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 11 1886.

4. Place of Birth, (Street and Number)

17 Butler Alley.

5. Full Name of Mother,

Maria Hammel

6. Mother's Maiden Name,

Sprenger.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Benedictus Hammel

9. Father's Occupation,

Laborer. (Lumber)

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser, Midwife.

Address,

130 Hanover St.

Remarks,

RETURN OF A BIRTH 88117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Aug 11, 1876.

4. Place of Birth, (Street and Number) 359 Light - St.

5. Full Name of Mother, Nellie Saddle.

6. Mother's Maiden Name, Sanko.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, George Saddle.

9. Father's Occupation, Cigar Maker.

10. ☒ Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough.

Address, 220 Montgomery St.

Remarks,

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons at such birth, to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Case

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 12, 1886

4. Place of Birth, (Street and Number)

137 The Bulfinch St

5. Full Name of Mother,

6. Mother's Maiden Name,

Sourenia Hutchins

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Lucien W. Woodford

Address,

138 Cheyester St

Remarks,



RETURN OF A BIRTH 88119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Magdalena Catherine Herrmann*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex, (state whether male or female)

Little Girl

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

Born August 11.3.1886

4. Place of Birth, (Street and Number)

127.93 Frederick Ave

5. Full Name of Mother,

Mrs. (Herrmann) Herrmann

6. Mother's Maiden Name,

Miss Maggy Magdalen

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr. Jno. (Herrmann)

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hiller

Address,

1017 West Paul St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁸¹²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *August 11*

4. Place of Birth, (Street and Number) *Baltimore No 924 Hwy*

5. Full Name of Mother, *Lettie Benams*

6. Mother's Maiden Name, *Lettie Scott*

7. Mother's Birthplace, *Greenwood Miss*

8. Full Name of Father, *Albert Benams*

9. Father's Occupation, *Steward*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Basco*

Address, *No 224 Hughes Road*

Remarks,



For an offense to be recorded in this section, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recorded in other lines and for future are recoverable.

RETURN OF A BIRTH

over 88121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Leo Jackson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh Child*

1. Sex, (state whether male or female) *Male Child*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August the eleventh*

4. Place of Birth, (Street and Number) *273 Canton Avenue*

5. Full Name of Mother, *Mary Jackson*

6. Mother's Maiden Name, *Mary Frost*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Andrew Jackson*

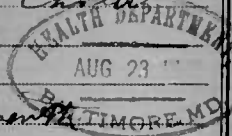
9. Father's Occupation, *Cann Maker*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Chas Wiley*

Address, *No 12 Patterson Park av*

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 12th 1888

4. Place of Birth, (Street and Number)

358 P. Sharp St.

5. Full Name of Mother,

Mary Carrigan

6. Mother's Maiden Name,

Jonschell (Jonschell)

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas Carrigan

9. Father's Occupation,

Conductor C. & P. R.R.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary K. K. K.

Address,

328 South E. E. E.

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this requirement shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88/23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

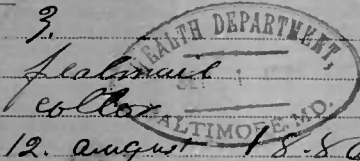
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

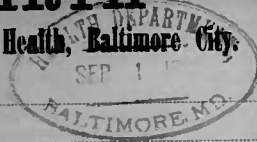
Remarks,



12. August 18-86
9 rose st
Mary Eliza Williams
Mary Eliza Harvey
Baltimore Co
Joshua Williams
Water
Baltimore
Mona Annie Johnson
No 94 Lyon st

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 12th

4. Place of Birth, (Street and Number) 52 St Peter St

5. Full Name of Mother, Clara Becker

6. Mother's Maiden Name, Clara Kaufman

7. Mother's Birthplace, Balto Md

8. Full Name of Father, George Becker

9. Father's Occupation, Cigar Manufacturer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return

Address, Miss Munch
1 Leadenhall St.

Remarks,

report, in Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 9 12 of 1886

4. Place of Birth, (Street and Number)

Oldmans 98

5. Full Name of Mother,

Rose Stevens

6. Mother's Maiden Name,

" Geis

7. Mother's Birthplace,

Balt W Md

8. Full Name of Father,

Edward Stevens

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Balt W Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. Vellij

Address,

48 T. Colman St

Remarks.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 88126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

(88126)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 12th

4. Place of Birth, (Street and Number)

116 Paca St

5. Full Name of Mother,

Caroline Bannan

6. Mother's Maiden Name,

Cragg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Bannan

9. Father's Occupation,

driver

10. Father's Birthplace,

Baltimore

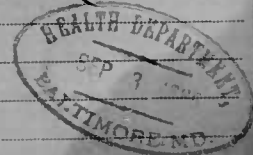
Name of Medical Attendant, or other Person who makes this Return

Mrs. Leacock

Address,

439 W. Pratt St.

Remarks,



RETURN OF A BIRTH ⁸⁸¹²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 12th 1886

4. Place of Birth, (Street and Number) 331 S. Bond St

5. Full Name of Mother, Mary Williams

6. Mother's Maiden Name, Brackrick

7. Mother's Birthplace, City

8. Full Name of Father, Chas. Williams

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *12th day of Aug 1886*
4. Place of Birth, (Street and Number) *No 139 Saratoga str.*
5. Full Name of Mother, *Louise Derr*
6. Mother's Maiden Name, *L. Mair*
7. Mother's Birthplace, *Balto. M. d.*
8. Full Name of Father, *Geo. F. Derr*
9. Father's Occupation, *Stable keeper*
10. Father's Birthplace, *Balto. M. d.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs W. Marmel Midwife*
- Address, *No. 8. Pearl str.*
- Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 9 12

4. Place of Birth, (Street and Number) 16. Eden St 55

5. Full Name of Mother, Josephine A. Gregory

6. Mother's Maiden Name, Begins

7. Mother's Birthplace, Balt Md

8. Full Name of Father, James Gregory

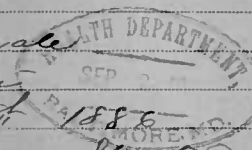
9. Father's Occupation, Trimmer

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Updeg

Address, 48 Hall and St

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 August

4. Place of Birth, (Street and Number)

37 Market-space

5. Full Name of Mother,

Delia Hannen

6. Mother's Maiden Name,

Frost

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Hannen

9. Father's Occupation,

Career

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Cusper

Address,

72 E. Lombard street

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 88131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth August 12

4. Place of Birth, (Street and Number) Bond St

5. Full Name of Mother, Fely Bloorn

6. Mother's Maiden Name, Fely Struwell

7. Mother's Birthplace, Switzerlan

8. Full Name of Father, William Bloorn

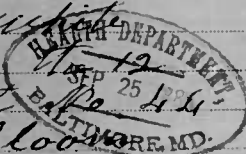
9. Father's Occupation, farmer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mr. R. Lasky

Address, No 16 Heath St

Remarks, Doing well



RETURN OF A BIRTH 85132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12th 1886

4. Place of Birth, (Street and Number) 4 N Broadway

5. Full Name of Mother, Camilla Cathell

6. Mother's Maiden Name, Weyman

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm D Cathell M D

9. Father's Occupation, Physician

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, D W Cathell M D.

Address,

Remarks, Child had cerebral 4th month of gestation (Non viable)



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report his birth to the Registrar of Vital Statistics, and if he fails to do so, he shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Aug 1899

4. Place of Birth, (Street and Number) 112 Mulliken St

5. Full Name of Mother, Bridget Kuhn

6. Mother's Maiden Name, Barbara Kohler

7. Mother's Birthplace, Bohemia

8. Full Name of Father, J. Kuhn

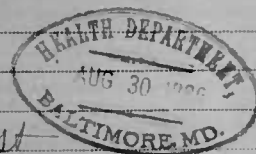
9. Father's Occupation, Father

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kephart

Address, 89 N. Washington St

Remarks,



RETURN OF A BIRTH 88134

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,



12th of Aug

Male

Colored

~~12th~~ 12th

75 Davis Street

Harriet - William

Harriet William

Howard County

James William

James William

Westminster

Chairsty Jones

RETURN OF A BIRTH 88135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

HEALTH DEPARTMENT
AUG 14 1886
BALTIMORE, MD

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 12 of August 1886

4. Place of Birth, (Street and Number)

No 55 Essex St. Essex

5. Full Name of Mother,

Barbara Knuth

6. Mother's Maiden Name,

Barbara Schneider

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Amos Knuth

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. H. Loomis

Address,

No 173 Waverly St

Remarks,

Bal. Md.

1886

Report at birth to the Commissioner of Health, or to the Registrar of Vital Statistics, of the birth of every child born in Baltimore City, and of the death of every person who shall hereafter die in Baltimore City, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹³⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) negro

3. Date of Birth, Aug 12th

4. Place of Birth, (Street and Number) No 3 Gibson court

5. Full Name of Mother, Birdie Black

6. Mother's Maiden Name, Birdie Thomas

7. Mother's Birthplace, Worcester Co

8. Full Name of Father, Fred Black

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Willie Black

Address, 53 Gibson St

Remarks, Healthy child



report no birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

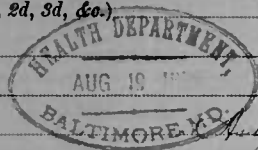
2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,



Aug 12 1886

4. Place of Birth, (Street and Number)

730 Hanover St.

5. Full Name of Mother,

Lizzie Siemson

6. Mother's Maiden Name,

Ottobine

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bernhard Siemson

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. L. Schwasser Midwife

Address,

730 Hanover St.

Remarks,

RETURN OF A BIRTH.

85138

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Jane

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

12th August, 1886

4. Place of Birth (Street and Number)

700 Lexington

5. Full Name of Mother

Jane Foster

6. Mother's Maiden Name

Mc Lane

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Foster

9. Father's Occupation

Plumber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Jane Guy

Address

208 N. Bond St

Remarks

Report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

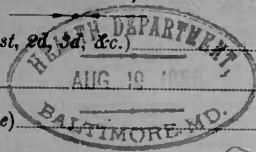
RETURN OF A BIRTH

88139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child.
Male.



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 12 - 1886

4. Place of Birth, (Street and Number)

129 West st.

5. Full Name of Mother,

Maria Bell.

6. Mother's Maiden Name,

Schneider.

7. Mother's Birthplace,

America.

8. Full Name of Father,

Frank Bell.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other Person who makes this Return.

J. L. Schugger, Midwife.

Address,

330 Hanover st.

Remarks,

RETURN OF A BIRTH

88140

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 (One)*
1. Sex, (state whether male or female) *white Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Aug 12 1886*
4. Place of Birth, (Street and Number) *58 St Peter St Balto Md*
5. Full Name of Mother, *Ida Houck*
6. Mother's Maiden Name, *Mauzey*
7. Mother's Birthplace, *Hampus Ferry W Va*
8. Full Name of Father, *John W Houck*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Balto City*
- Name of Medical Attendant, or other Person who makes this Return. *J. E. Clagett*
- Address, *36 (108) N. Eulaw St*
- Remarks,

report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 12

4. Place of Birth, (Street and Number)

Ten second St. Mount Point

5. Full Name of Mother,

Mary Hoffman

6. Mother's Maiden Name,

Mary Edgar

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Cristian Hoffman

9. Father's Occupation,

Lab. in

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ettel

Address,

N 13 Cedar St

Remarks,

Baltimore



RETURN OF A BIRTH 88142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 17th 1886*

4. Place of Birth, (Street and Number) *132 North Fremont*

5. Full Name of Mother, *Margaret Amelia Laughlin*

6. Mother's Maiden Name, *Dipple*

7. Mother's Birthplace, *Baltimore City Md*

8. Full Name of Father, *William Henry Cleary Laughlin*

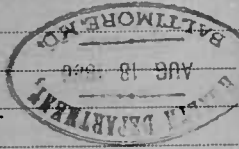
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore City Md*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Hunter*

Address, *~~132 North Fremont St~~*

Remarks, *21 N Pappalton St*



Person making this return is liable to the same penalty as in the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 (10) dollars for each offense to be recovered as other fine and penalties are recoverable.

RETURN OF A BIRTH ⁸⁸¹⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12th 1886

4. Place of Birth, (Street and Number) 229 Hudson St.

5. Full Name of Mother, Meartha Rose

6. Mother's Maiden Name, Lambden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Rose

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr. Wiley

Address, 30 Patterson Park Ave.

Remarks, 1886

report its birth to the Commissioner of Health. In the manner and within the period provided for in this act, and any such person who fails to do so shall be liable to a fine of not more than \$100, and any such person who fails to do so shall be liable to a fine of not more than \$100, and any such person who fails to do so shall be liable to a fine of not more than \$100.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such child or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten) dollars or other lawful offense to be recovered as other fines and forfeitures are recoverable.

... DEPARTMENT

12

you Co

Colura

12 August

24 Loreto St

Marion Walter

Mama K

Ball

W. J. R. R.

Lauren

Harriet Jackson

14 Listed 28

Remarks.

RETURN OF A BIRTH

88145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug 12 = 1886.

4. Place of Birth, (Street and Number)

624 N. Broadway

5. Full Name of Mother,

Elenora Wilkie

6. Mother's Maiden Name,

Elenora Brown

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thomas J. Wilkie

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Scotland N.K.

Name of Medical Attendant, or other Person who makes this Return

Iring Miller

Address,

179 E. Monument St

Remarks,



report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense shall be liable to a fine of not less than five dollars and not more than ten dollars, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White

August 12, 1886

384 Lexington

Annin Griffin

" Mercer
Baltimore

Lucy Griffin

Machinist

Baltimore

H. C. Spencer

387 W. Lombard St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *the 12 of Aprille the*

4. Place of Birth, (Street and Number) *No 3 plum alley*

5. Full Name of Mother, *M Ammey Moore*

6. Mother's Maiden Name, *Ammey Blake*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Jacob Moore*

9. Father's Occupation, *Oyster shucker*

10. Father's Birthplace, *Eston show*

Name of Medical Attendant, or other Person who makes this Return *Miller Gross*

Address, *181 York street*

Remarks,



NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH 88148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th Aug 1886

4. Place of Birth, (Street and Number) 155 N. Howard (High)

5. Full Name of Mother, Sophie Wagner

6. Mother's Maiden Name, Sophie Hertert

7. Mother's Birthplace, Germany

8. Full Name of Father, Leonard

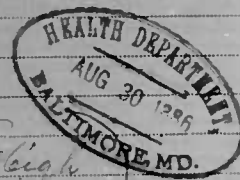
9. Father's Occupation, Tailor

10. Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return, Adl. Kerpick

Address, 621 N. Washington St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22 Aug 88*

4. Place of Birth, (Street and Number) *10 Penn St*

5. Full Name of Mother, *Molly Jackson*

6. Mother's Maiden Name, *Molly Hall*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Jackson*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *May Apthorp*

Address, *29 N. Mary St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 13th 1886

4. Place of Birth, (Street and Number) 10 Orleans St. N-65

5. Full Name of Mother, Winnie Walz

6. Mother's Maiden Name, " Solanek

7. Mother's Birthplace, Germany

8. Full Name of Father, John Walz

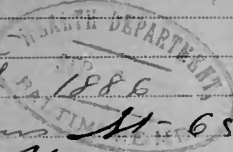
9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Helwig

Address, 48 Holloman St.

Remarks, _____



RETURN OF A BIRTH 88151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. *Bill*

1. Sex, (state whether male or female) a. *Female*

2. Race or Color, (if not of the white race) *Wito.*

3. Date of Birth, *13. of August.*

4. Place of Birth, (Street and Number) *Baltimore Md.*

5. Full Name of Mother, *Louiser. Russell.*

6. Mother's Maiden Name, *Louiser. Bishop.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *John. Russell.*

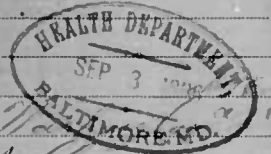
9. Father's Occupation, a. *Beer Brewer.*

10. Father's Birthplace, *in. Brausea. Germany.*

Name of Medical Attendant, or other Person who makes this Return, *Mr. Hange*

Address, *422 Cross St*

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined in a (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 88152

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13 Aug., 1886*
4. Place of Birth, (Street and Number) *566 Lexington st.*
5. Full Name of Mother, *Ida F. Goebel*
6. Mother's Maiden Name, *Barrett*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Chas. W. Goebel*
9. Father's Occupation, *Printer*
10. Father's Birthplace, _____
Name of Medical Attendant, or other Person who makes this Return *John Hood*
Address, *274 W. Fayette st.*
Remarks, _____

Report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of it a (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 13th 1886*

4. Place of Birth, (Street and Number) *4 Schneiders*

5. Full Name of Mother, *Anna Lowenstein*

6. Mother's Maiden Name, *" Heige*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Fred Lowenstein*

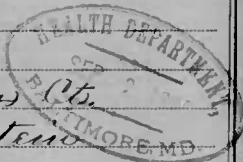
9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Elizabeth Dotz*

Address, *120 Bank str.*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-28-86

RETURN OF A BIRTH 88154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Friedenberg
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Jewish*
 3. Date of Birth. *Aug 13 1886*
 4. Place of Birth, (Street and Number) *High St. 87*
 5. Full Name of Mother. *Rebecca Friedenberg*
 6. Mother's Maiden Name, *" Reigen*
 7. Mother's Birthplace, *Poland*
 8. Full Name of Father, *Louis Friedenberg*
 9. Father's Occupation, *Sailor*
 10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other Person who makes this return. *Mrs R. Helling*
- Address, *48 Lholland St.*
- Remarks,



RETURN OF A BIRTH 88/55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August the 13, 1886.*

4. Place of Birth, (Street and Number) *Castle St. No 35*

5. Full Name of Mother, *Margaretha Döring*

6. Mother's Maiden Name, *Margaretha Neumann*

7. Mother's Birthplace, *Bommers, Pr. Preussen Germany*

8. Full Name of Father, *Conrad Döring*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Gleichen Pr. Preussen, Germany*

Name of Medical Attendant, or other Person who makes this return, *Mary E. Müller*

Address, *A. Dallas St. No 26*

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Number of child 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

21st August

4. Place of Birth, (Street and Number)

111 S. Bechel Street

5. Full Name of Mother,

Marion Estella Green

6. Mother's Maiden Name,

Marion Estella Stanley

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Wesley Green

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Susan Morgan

Address, Doctor please to # 44 North Durham St.

Remarks, excuse me for not sending the returns in sooner having been tending on the sick

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

88157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *John Pellison Brown Jr.*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 13 1888*

4. Place of Birth, (Street and Number) *27 Randall St*

5. Full Name of Mother, *White Brown*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *A A C Md*

8. Full Name of Father, *John Brown*

9. Father's Occupation, *Car Conductor*

10. Father's Birthplace, *A A C Md*

Name of Medical Attendant, or other Person who makes this Return *Frederick Cockert M.D.*

Address, *440 Howard St*

Remarks,

RETURN OF A BIRTH 88158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 13.

4. Place of Birth, (Street and Number) Hubert St No 124.

5. Full Name of Mother, Catherine Bauman.

6. Mother's Maiden Name, Catherine Masters

7. Mother's Birthplace, Ireland

8. Full Name of Father, Laurence Bauman

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. H. H.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88159

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 18th

4. Place of Birth, (Street and Number)

Harford Ave. 135

5. Full Name of Mother,

Mary Ellen Renner

6. Mother's Maiden Name,

Mary " Gleason

7. Mother's Birthplace,

Mount. Washington Balto. Co

8. Full Name of Father,

Thomas Renner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah. Wooden

Address,

120

Greenmount. Ave.

Remarks,

RETURN OF A BIRTH ⁸⁸¹⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



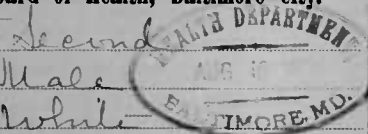
August 13th 1888
278 1/2 W. Lexington St.
Lennie Schoolcher.
Lennie Friedman.
New York, N.Y.
Morris Schoolcher.
Merchant.
New York, N.Y.
John J. R. [illegible]
278 1/2 Lexington St.
Premature at the 8th Month.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug 13th 1885

4. Place of Birth, (Street and Number)

536 Harrison St

5. Full Name of Mother,

Theresa Gibson

6. Mother's Maiden Name,

Monelligan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos G.

Gibson

9. Father's Occupation,

Works for Gas Company

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Morris, M.D.

Address,

605 Franklin St

Remarks,

be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons at such a time, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and shall be subject to the fine of ten dollars for each offence to be recovered as other laws and ordinances are recoverable.

88162

should no officer present be in attendance when the mother, immediately thereafter, it shall then, because the child is born or parents of such child to report to the Board of Health, in the manner, and within the time and under the conditions herein provided, for the purpose of securing the birth and death of illegitimate children, and any parent or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered, and any juvenile.

3, 7

female

11

August 13th

No 421 Eager st

Belle Sapinton

11. *Simson*

Baltimore

W. L. Sapinton

Book keeper

Baltimore

Miss Louisa Schult

No 246 Chew St,

Year	Percent
1950	7.0
1960	8.5
1970	8.0
1980	12.5

Report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1

Male

Colored

13 August

Painters Court

Julia Johnson

Julia Talbot

Balto

Carl Johnson

Labor

Balto

Harriet Jackson

H. L. Taylor

RETURN OF A BIRTH.

88164

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 13th 1886*
4. Place of Birth (Street and Number) *121 Edmonson Ave.*
5. Full Name of Mother *Louisa F. Piquette*
6. Mother's Maiden Name *" " Giff*
7. Mother's Birthplace *Philadelphia, Pa.*
8. Full Name of Father *J. P. Piquette*
9. Father's Occupation *Druggist*
10. Father's Birthplace *Balto. Co.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Charles G. G. M. D.
579 Lexington St.

born, as of their physical condition, whether male or female, the race, color, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

88165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 13 - 86

4. Place of Birth, (Street and Number)

198 N Bethel

5. Full Name of Mother,

Lorak E Berry

6. Mother's Maiden Name,

Lorak E Harris

7. Mother's Birthplace,

Anne Arundel Co

8. Full Name of Father,

Geo Berry

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Back

Name of Medical Attendant, or other Person who makes this Return.

David V Moya M.D

Address,

192 Disputant St

Remarks,

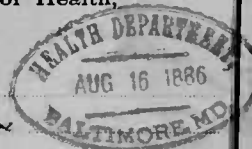
City

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

88166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *brown skin*
 3. Date of Birth, *12th of august 1886*
 4. Place of Birth, (Street and Number) *28 raburg st*
 5. Full Name of Mother, *anna jobes*
 6. Mother's Maiden Name, *anna johnson*
 7. Mother's Birthplace, *baltimore. md*
 8. Full Name of Father, *William Henry jobes*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Sydia Somerville*
 Address, *18 Clinton ave*
 Remarks,

report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person for every failure to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

August 13th

4. Place of Birth, (Street and Number)

Chestnut street

5. Full Name of Mother,

Leatie Williams

6. Mother's Maiden Name,

Leatie Young

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

James A Williams

9. Father's Occupation,

Brickmaker

10. Father's Birthplace,

Talbot County

Name of Medical Attendant,

or other Person who makes this Return.

Darkey Tomlin

Address,

134 Chestnut street

Remarks,



Should an officer persist in so doing, when the mother immediately thereafter, it shall then become the duty of the Registrar to cause the child to be removed from the place of birth, and the child shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

18168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 17 1886

4. Place of Birth, (Street and Number)

Chesler St 24

5. Full Name of Mother,

Mary Milder

6. Mother's Maiden Name,

Mary Turner

7. Mother's Birthplace,

London

8. Full Name of Father,

Charles Milder

9. Father's Occupation,

Writer

10. Father's Birthplace,

Chesler St 24

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. Milder

Address,

Chesler St 24

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minna Sturm
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 13 1886

4. Place of Birth, (Street and Number)

247 S. Charles

5. Full Name of Mother,

Hannah Sturm

6. Mother's Maiden Name,

Sternheim

7. Mother's Birthplace,

Bach

8. Full Name of Father,

George Sturm

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Bach

Name of Medical Attendant, or other Person who makes this Return,

H. W. Webster

Address,

101 Barron

Remarks,



88170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Third Class
Male
White
1896

HEALTH DEPARTMENT
AUG 23
BALTIMORE MD

1. Sex, (state whether male or female).

elbale

2. Race or Color, (if not of the white race)

Whit

3. *Date of Birth,*

August 13th 1886

4. *Place of Birth, (Street and Number)*

Chaspeke 16.49

5. Full Name of Mother,

Mary Anne Keys

6. *Mother's Maiden Name,*

Bitter.

7. *Mother's Birthplace,*

Baltimore

8. Full Name of Father,

Clumber Keeps

9. *Father's Occupation,*

Baltimore

10. *Father's Birthplace,*

Labor

Name of Medical Attendant, or other Person who makes this Return.

30 Patterson Park Ave.

Address,

Remarks

1886

in compliance upon the notice, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered on other times and forfeitures are recoverable.

RETURN OF A BIRTH ⁸³¹⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second one*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Edvard*

3. Date of Birth, *13th of August*

4. Place of Birth, (Street and Number) *101 Warner St*

5. Full Name of Mother, *Emma Porter*

6. Mother's Maiden Name, *Emma Haddy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Tom Porter*

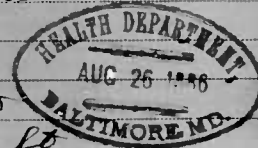
9. Father's Occupation, *Richardson Watter*

10. Father's Birthplace, *Baltimore Richardson*

Name of Medical Attendant, or other Person who makes this Return *Millie Gross*

Address, *108 York St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other lines and forfeitures are recoverable.

to give notice to the Commissioner of Health, in the manner and within the period or periods of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of not more than \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14 Aug. 1896

4. Place of Birth, (Street and Number)

27 Hooker St

5. Full Name of Mother,

Mary Decoda

6. Mother's Maiden Name,

Medinger

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Joseph Ehren Decoda

9. Father's Occupation,

Shoe Cutter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Groomy

Address,

466 N. Gay St

Remarks,



RETURN OF A BIRTH

88143

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,

Aug 14th 1886

4. Place of Birth, (Street and Number)

701 North Gilmore St

5. Full Name of Mother,

Mary E L Dorman

6. Mother's Maiden Name,

Earlougher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John F W Dorman

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Pennsylv

Name of Medical Attendant, or other Person who makes this return.

Address,

192 N. Carey St C. W. Free M.D.

Remarks,

First child by 2nd wife

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 14, 1886

4. Place of Birth, (Street and Number) 10 O'Donnell St

5. Full Name of Mother, Margaret Dorr

6. Mother's Maiden Name, Margaret Benz

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Dorr

9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary J. Swaine

Address, 57 Duane St

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

For every offense against the provisions of this act, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Aug. 14th 1888*
4. Place of Birth, (Street and Number) *74 Pearl Street*
5. Full Name of Mother, *Wilhelmine Bester*
6. Mother's Maiden Name, *Wilhelmine Bester*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Bester*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. L. L. L.*
Address, *9 North Howard St.*
Remarks,

As in and to the effect of the Act of March 3, 1875, Chapter 108, and any amendments thereto, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 14

4. Place of Birth, (Street and Number) 450 N Mount

5. Full Name of Mother, Frances Cook

6. Mother's Maiden Name, T. Oaks

7. Mother's Birthplace, Delaware

8. Full Name of Father, Frederick C Cook

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Geo R Graham M.D.

Address, 136 Columbia ave.

Remarks,



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 88175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 14th 1888

4. Place of Birth, (Street and Number)

74 Pearl St.

5. Full Name of Mother,

Wilhelmine Bester

6. Mother's Maiden Name,

Wilhelmine Bester

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bruno Bester

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. L. L. L.

Address,

90 North Charles St.

Remarks,

Be in attendance upon the mother, and report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, aug 14

4. Place of Birth, (Street and Number) 450 N Mount

5. Full Name of Mother, Frances Cook

6. Mother's Maiden Name, T. Bates

7. Mother's Birthplace, Delaware

8. Full Name of Father, Friedrick C Cook

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return, Geo R Graham M.D.

Address, 136 Columbia ave.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 14th 1886

4. Place of Birth, (Street and Number)

325 N. Ann St

5. Full Name of Mother

Catherine Parr

6. Mother's Maiden Name

Roberts

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Parr

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

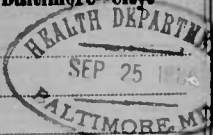
Name of Medical Attendant, or other Person who makes this Return

J. H. Seldner, M. D.

Address

325 N. Ann St

Remarks



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 14 August

4. Place of Birth, (Street and Number) 1 Salsbury Alley

5. Full Name of Mother, Mary Fizzie Hogan

6. Mother's Maiden Name, Pierce

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Hogan

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 22 E. Lombard

Remarks,



should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH^{881 1/4}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 14 - 1886

4. Place of Birth, (Street and Number)

60310 Canton Ave

5. Full Name of Mother,

Lillian Bumblager

6. Mother's Maiden Name,

Gray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Bumblager

9. Father's Occupation,

Cannery

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah T. Harrington

Address,

60310 Canton Ave

Remarks,



Be in attendance upon the mother, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 88180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 14, 1888

4. Place of Birth, (Street and Number)

17 Linnon alley

5. Full Name of Mother,

Lizzie Rice

6. Mother's Maiden Name,

Lizzie Queen

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Frederick

9. Father's Occupation,

laborer

10. Father's Birthplace,

W. Va

Name of Medical Attendant, or other Person who makes this Return.

Jane M. Mollan

Address,

1610 M. St.

Remarks,

RETURN OF A BIRTH 88181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 11th 1886

4. Place of Birth, (Street and Number) 12 N. Stricker St. Baltimore

5. Full Name of Mother, Mrs. Manning

6. Mother's Maiden Name, Mary Buckley

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Manning

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Susan Shenton

Address, 21 N. Poppleton St

Remarks,



Be in action, when upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the usual manner, and any person who shall neglect to do so, or who shall neglect to comply with the provisions of this section, shall be subject to the fine of \$10 or \$20, for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health in the manner and within the period above required, and any one who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89/82}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 14: 1876

4. Place of Birth, (Street and Number) # 54 N. Amity St

5. Full Name of Mother, Brook Grady

6. Mother's Maiden Name, O'Shea

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Grady

9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter

Address, 21 N. Poppleton St

Remarks, _____



be liable to a fine of ten dollars upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to register the birth of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

1883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 14 1886

4. Place of Birth, (Street and Number)

557 Hanover st.

5. Full Name of Mother,

Bella Hagler.

6. Mother's Maiden Name,

Collins.

7. Mother's Birthplace,

America.

8. Full Name of Father,

John Hagler.

9. Father's Occupation,

Conductor.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser. Midwife.

Address,

2330 Hanover st.

Remarks,

RETURN OF A BIRTH 881867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 14

4. Place of Birth, (Street and Number) 121 Coopers St

5. Full Name of Mother, Hanna Wood

6. Mother's Maiden Name, Hanna Wilson

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry Wood

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. H. H.

Address, Baltimore

Remarks,



It is the duty of every person who has knowledge of the birth of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be reported, as other laws and regulations are required.

RETURN OF A BIRTH 88185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *AUG 14, 1886*

4. Place of Birth, (Street and Number) *235 N. Caroline St*

5. Full Name of Mother, *Hannie Eaton*

6. Mother's Maiden Name, *Hannie Harvey*

7. Mother's Birthplace, *Balti Md*

8. Full Name of Father, *William H. Eaton*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balti Md*

Name of Medical Attendant, or other Person who makes this Return, *Annie L Gage Mde.*

Address, *361 N B way*

Remarks,



RETURN OF A BIRTH ^{PS 186}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 14

4. Place of Birth, (Street and Number) No 177 N Mount St

5. Full Name of Mother, Mrs Sallie E. Schaffer

6. Mother's Maiden Name, Sallie E. Shunk

7. Mother's Birthplace, New Enson

8. Full Name of Father, Mr George Shunk Shaffer

9. Father's Occupation, Saddler

10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, Dr J H D Wolf

Address, 408 N Milnor St

Remarks, A 7 month child



be in attendance upon the mother, immediately thereafter it shall be the duty of the person so required, and any such person report the birth to the Commissioner of Health, or to the Registrar of Vital Statistics, within the time and in the manner prescribed by the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be required as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Balt Aug 14th 1886*

4. Place of Birth, (Street and Number) *156 Lombard St*

5. Full Name of Mother, *Katie Wolf*

6. Mother's Maiden Name, *Katie Gressel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Philipp Wolf*

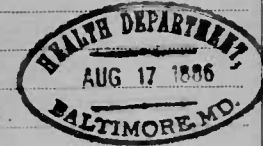
9. Father's Occupation, *Labr.*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Amend.*

Address, *137 South Wolfe St.*

Remarks, *4*



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 14th 1886

4. Place of Birth, (Street and Number)

No 96 Perry Alley

5. Full Name of Mother,

Elizabeth Giller

6. Mother's Maiden Name,

Elizabeth Hammel

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

George Giller

9. Father's Occupation,

Coach Painter

10. Other's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return

A Taylor, Morris M.D.

Address.

913 Harlem Ave

Remarks.

RETURN OF A BIRTH 88189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 14/86

4. Place of Birth, (Street and Number)

20 W Washington St.

5. Full Name of Mother,

Mary Brekman

6. Mother's Maiden Name,

Mary Winkler

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Phillip Brekman

9. Father's Occupation,

Painter

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who
makes this Return

J. G. Meyer M.D.

Address,

100 E. 1st St.

Remarks,

RETURN OF A BIRTH 88190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh & Eighth

1. Sex, (state whether male or female)

Male & Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 14

4. Place of Birth, (Street and Number)

N. 379 E. Eagle

5. Full Name of Mother,

Anna M. Foster

6. Mother's Maiden Name,

" " Youngman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John B. Foster

9. Father's Occupation,

Trainer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Mary A. McNeill

Address, 366 W. Baltimore

Remarks,

See instructions upon the matter, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

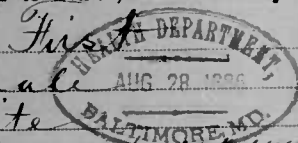
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female

White

Saturday August 1st 1886

82 N. Kensington Avenue

Mary Gertrude Connor

Mary Gertrude Browning

Baltimore City, Maryland

John Augustine Connor

Clerk

Baltimore City, Maryland

Mrs. Dorenda

60 North Schroeder St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

881913

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Aug 15th 1886

4. Place of Birth (Street and Number)

123 St Paul St

5. Full Name of Mother

Elsie J. Hatus

6. Mother's Maiden Name

Elsie G. Smith

7. Mother's Birthplace

Beth Md

8. Full Name of Father

John T. Hatus

9. Father's Occupation

Drayman

10. Father's Birthplace

Beth Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Jones & Co., Dr.

Address

117 Hamilton St

Remarks

RETURN OF A BIRTH 881941

To the Office of Registrar, of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Aug 16th 1886

4. Place of Birth, (Street and Number)

17 Baltimore Elder

5. Full Name of Mother,

Adeline Howard

6. Mother's Maiden Name,

Adeline Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Howard

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Thos. Botance

Address,

39 E. Monument Street

Remarks,

be in attendance upon the mother immediately after the birth of the child, and report the fact of such attendance to the Registrar, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸¹⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15 August

4. Place of Birth, (Street and Number) 224 Hamburg St

5. Full Name of Mother, Annie Weigel

6. Mother's Maiden Name, Annie Kachline

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Weigel

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Augusto Basien
929 Sharp St

In accordance with the provisions of the Act of the General Assembly of the State of Maryland, passed March 28, 1903, Chapter 100, Section 1, every person who is born in this State, or who is born in any other State, or who is born in any foreign country, and who is born on or after the first day of January, 1903, shall be registered in the records of the Board of Health, in the manner and within the time provided in this section, and shall be subject to the fine of ten (10) dollars for each offense to be registered as other acts and forfeitures are recoverable.

88196

which - any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to repair its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars and shall be deemed responsible.

7

Maie

White

Aug 15

815 Goersat St Baltimore Md

Mrs. Susan M. Lister

Sudan Lester

Huntingdon Pa

William Parker Mathew

Phacelium

Lyons Pa

or other Person who
makes this Return.

or other Person who
makes this Return.

Mrs Martha Foster

Remarks.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

58199

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

15th August 1886

4. Place of Birth (Street and Number)

470 W. Lombard St

5. Full Name of Mother

Jessie Kate Hoyer

6. Mother's Maiden Name

Jessie Kate Wilson

7. Mother's Birthplace

Balto. Co.

8. Full Name of Father

Thomas Hoyer

9. Father's Occupation

Milk Dealer

10. Father's Birthplace

Anna Arundel Co

Name of Medical Attendant, or other Person who makes this Return.

J. H. Benson M.D.

Address

187 Hollins St

Remarks

RETURN OF A BIRTH 88198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24c, 15

4. Place of Birth, (Street and Number) S. Exeter St. No 111

5. Full Name of Mother, Agness Burns

6. Mother's Maiden Name, Agness Groeninger

7. Mother's Birthplace, Balto City

8. Full Name of Father, William Burns

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return

Address, N. Dallas St. No 26

Remarks,



Be in effect from the date of the birth of the child, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 15 - 1886

4. Place of Birth, (Street and Number)

267 Cross st.

5. Full Name of Mother,

Katie Elliott.

6. Mother's Maiden Name,

Decher.

7. Mother's Birthplace,

America.

8. Full Name of Father,

John Elliott.

9. Father's Occupation,

Car-maker.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other Person who makes this Return.

J. Schweser. Midwife.

Address,

330 Hanover st.

Remarks,

RETURN OF A BIRTH 88200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second 2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 13th*

4. Place of Birth, (Street and Number) *33 Garret or Baltimore Md*

5. Full Name of Mother, *Agnes Jane Allen*

6. Mother's Maiden Name, *Agnes Jane Allen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William McIntosh*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Troy New York*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Ettel*

Address, *No 13 Euclid St*

Remarks, *Baltimore*



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are now or may hereafter be enacted.

RETURN OF A BIRTH. 88201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 15th

4. Place of Birth, (Street and Number) Spring St. 46.

5. Full Name of Mother, Hester Birger

6. Mother's Maiden Name, Hester Grace

7. Mother's Birthplace, Sm. Russia

8. Full Name of Father, J. Birger

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Rebecca Ustman

Address, 46 Caroline St.

Remarks,



RETURN OF A BIRTH 88202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 15. 1886.

4. Place of Birth, (Street and Number) 277 W. Hoffman

5. Full Name of Mother, Mary Cullington

6. Mother's Maiden Name, Finigan

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Thos. Henry Cullington

9. Father's Occupation, Can Maker

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return, J. D. Christian M.D.

Address, _____

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such, and to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother immediately thereafter, or, if he is unable to do so, he shall cause to be present a physician or other person who shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Thirdborn Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 15" 1886*

4. Place of Birth, (Street and Number) *17 Bradford Alley*

5. Full Name of Mother, *Augustian Row*

6. Mother's Maiden Name, *Baner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Row*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *30 Patterson Park Ave.*

Address, _____

Remarks, *Louis Wily.*



Birth of every child shall become without the attendance of a physician or registered nurse, or other person, the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

882011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Monica

3. Date of Birth

August 15th

4. Place of Birth, (Street and Number)

123

St. Paul St.

5. Full Name of Mother,

Waters

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Waters

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

John Morris M.D.

Address,

106.57 Franklin St.

Remarks,



RETURN OF A BIRTH 98205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15th 10 30 A M 1887

4. Place of Birth, (Street and Number) 354 Alice Anna

5. Full Name of Mother Annie V. Greenfielders

6. Mother's Maiden Name, F. Virginia Owens

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Joseph F. Greenfielders

9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return James E. Dwinelle M.D.

Address, 299 E Baltimore St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class to report the birth to the Commissioner of Health in the office and at the time and place specified, and any such person who fails to do so shall be subject to a fine of ten (10) dollars for each offense to be recovered in other lines, and forfeitures are recoverable.



Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or midwife, or female, the mother, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth in the manner and within the period above mentioned, and if such person or persons fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH. 88206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) _____
3. Date of Birth Aug 15 1886
4. Place of Birth, (Street and Number) 114 N. Chapel St.
5. Full Name of Mother, Maggie Hein
6. Mother's Maiden Name, Standler
7. Mother's Birthplace, Germany
8. Full Name of Father, Stephen Hein
9. Father's Occupation, ~~Germany~~ Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, # 5 Walker St. Balto. Md.

Remarks, _____



88207

HEALTH DEPARTMENT
AUG 17 1886
BALTIMORE, MD.

of the

Female

15th Dec 4th 1978

32. *Elyonurus*

Mary Farn

He was killed

Ball

Joseph Farn

Clerk

Ball

H. G. W. C. L. K. Y.

101 Buzze

Remarks,--

by & Co., City Printers and Stationers.

RETURN OF A BIRTH. 85208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug 15th 1886

4. Place of Birth, (Street and Number)

8227 Light St

5. Full Name of Mother,

Gemma Trassell

6. Mother's Maiden Name,

Gemma Kinnel

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George W. Trassell

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this return.

Mrs. M. A. Colwell

Address,

225 Montgomery St

Remarks,

Birth of any child which occurs within the jurisdiction of a physician or practitioner of medicine, or of a nurse, or other person, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, immediately thereafter. It shall become the duty of the person or persons at such child, to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

be in compliance with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *No 264 N*

3. Date of Birth, *Aug 15 1886*

4. Place of Birth, (Street and Number) *Francis Steelberg*

5. Full Name of Mother, *" Spence*

6. Mother's Maiden Name, *Maryland*

7. Mother's Birthplace, *John Steelberg*

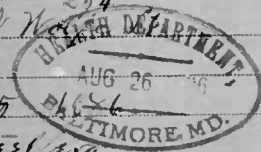
8. Full Name of Father, *Blacklayer*

9. Father's Occupation, *Balto*

10. Father's Birthplace, *Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell*

Address, *266 N. Denap St*

Remarks,



Be in attention upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 15 / 1898*

4. Place of Birth, (Street and Number) *No 43 E. Biddle*

5. Full Name of Mother, *Lulia Perrine*

6. Mother's Maiden Name, *" Janner*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Geo Perrine*

9. Father's Occupation, *Stonecutter*

10. Futher's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Mary C. McNeill*

Address, *286 N. Trench st*

Remarks,



RETURN OF A BIRTH *pg 211*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address, 286 1/2 Length 11

My & Co., City Printers and Stationers.

RETURN OF A BIRTH 88212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 16*

4. Place of Birth, (Street and Number) *12212 Maldives Baltimore*

5. Full Name of Mother, *Mrs. Harry Walter*

6. Mother's Maiden Name, *Mary E. B. Bauer*

7. Mother's Birthplace, *Cockeysville Baltimore C.O.*

8. Full Name of Father, *Thomas Walter*

9. Father's Occupation, *Watchman for the Railroad Co.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Bangs*

Address, *426 Cross St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recovered, etc.

RETURN OF A BIRTH. *MS 2/3*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to support his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Army & Co., City Printers and Binders.

RETURN OF A BIRTH 88214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Birth
Female



2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 16 1886

4. Place of Birth, (Street and Number)

* 35 Holland St.

5. Full Name of Mother,

Martha Cook

6. Mother's Maiden Name,

Martha Bayley

7. Mother's Birthplace,

Philadelphia, Pa.

8. Full Name of Father,

Valentine Cook

9. Father's Occupation,

Printer

10. ☒ Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Samuel S. Powell, M.D.

Address,

* 29 Nisquith St.

Remarks,

RETURN OF A BIRTH

88215

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 Aug. 1886

4. Place of Birth, (Street and Number)

31 S. Calhoun

5. Full Name of Mother,

Mary Alice Stewart

6. Mother's Maiden Name,

Tall

7. Mother's Birthplace,

Dorchester Co., Md

8. Full Name of Father,

George Albert Stewart

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

John Good

Address,

594 W. Fayette St.

Remarks,

report is birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 7-30-51
RETURN OF A BIRTH

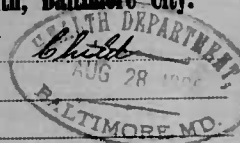
88216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Maggie Cook*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 " August 1886

4. Place of Birth, (Street and Number)

449 Canton St.

5. Full Name of Mother,

Mlice Cook

6. Mother's Maiden Name,

Laurence

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles George Cook

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr. Wiley

Address,

30 Patterson Park Ave

Remarks,

RETURN OF A BIRTH 88217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 16th 1886

4. Place of Birth, (Street and Number) 36 Rose Street

5. Full Name of Mother, Martha Taylor

6. Mother's Maiden Name, Martha Russell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Taylor

9. Father's Occupation, Painter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. J. Hester Holence

Address, 39 E. Monument St.

Remarks,

report in blank to the Commissioner of Health, in the manner and within the period above required, and any similar report on any other form, which may be substituted for the one above, shall be subject to the fine of Ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 16th 1885

4. Place of Birth, (Street and Number)

Orleans St. 76

5. Full Name of Mother,

Lizzie Lusk

6. Mother's Maiden Name,

Kearney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Isaac Lusk

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Washington D. C.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. K. H. Bell

Address,

48 Howard St.

Remarks,

He in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to return this form to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, and if the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 88219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August the 16th

4. Place of Birth, (Street and Number)

24 Bevan St Baltimore

5. Full Name of Mother,

Ludewecher Ridge

6. Mother's Maiden Name,

Ludewecher Meyer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John G. Bridge

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return

Auguste B. B. B.

Address,

927 John St

Remarks,

be in attendance upon the mother, immediately after it, shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 16th 1884*

4. Place of Birth, (Street and Number) *D. C. Conover*

5. Full Name of Mother, *Martina Schneider*

6. Mother's Maiden Name, *Fossitt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Schneider*

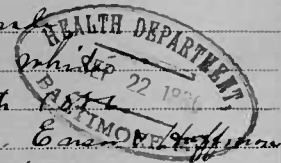
9. Father's Occupation, *Slain builder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *W. B. Billingslea*

Address,

Remarks,



RETURN OF A BIRTH 88227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, August 16
4. Place of Birth, (Street and Number) No 3 Saratoga Court
5. Full Name of Mother, Mamie Carroll
6. Mother's Maiden Name, Mamie Taylor
7. Mother's Birthplace, Saint marys Co.
8. Full Name of Father, George Taylor
9. Father's Occupation, laboring man
10. Mother's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or (if) dollars
for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 88222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Little Boy

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

14th of August 1886

4. Place of Birth, (Street and Number)

No. 1133 West Baltimore

5. Full Name of Mother,

Mrs. Bankn

6. Mother's Maiden Name,

Miss Elizabeth Rees

7. Mother's Birthplace,

Born Germany

8. Full Name of Father,

Mr. J. H. Bankn

9. Father's Occupation,

Bar. Keeper

10. Father's Birthplace,

Born Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1019 West Pratt St

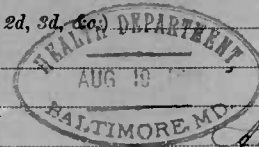
Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person in attendance to report the birth to the Commissioner of Health, in the manner and within the period above indicated, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1st Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Aug 16 - 1886

4. Place of Birth, (Street and Number)

34 Goodman St.

5. Full Name of Mother,

Anna Walter.

6. Mother's Maiden Name,

Seibel.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Henry Walter.

9. Father's Occupation,

Taylor.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

J. Schwaeser. Midwife.

Address,

330 Hanover St.

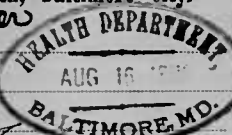
Remarks,

5822 X

CERTIFICATE CORRECTED 2-2-54

Name: Elisabeth Catharine Foerster

(state whether 1st, 2d, 3d, &c.)



1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, August, 16th / 1886, 7, 15th A.M.
4. Place of Birth, (Street and Number) 4 E S Broadway
5. Full Name of Mother, Jettie (Hendrix) Foerster
6. Mother's Maiden Name, " Lambert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest (Hendrix) Foerster
9. Father's Occupation, Painter
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return, Dr. Joseph M. Hertzner
Address, (1102) 88 E Baltimore St.
Remarks,

shall pay or shall cause to be paid, the amount of a fine and costs to be paid by or for such child, to the person or persons who shall have the custody or control of such child, to be paid to such person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered by or for such child, as well as other fines and forfeitures recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸²²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

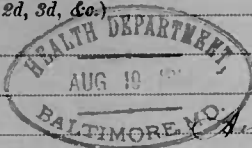
3 Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,



Aug 16 1886

4. Place of Birth, (Street and Number)

25 Butler Alley

5. Full Name of Mother,

Maggie Zenthoefer
Bauer.

6. Mother's Maiden Name,

7. Mother's Birthplace,

America.

8. Full Name of Father,

Theodor Zenthoefer
Laborer.

9. Father's Occupation,

10. Father's Birthplace,

America.

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser Midwife
330 Hannover St

Address,

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the same to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who shall be found guilty of neglecting to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17 1886
BALTIMORE MD

No. of Child of Mother, (whether first, 2d, 3d, &c.) The 7 Child
Sex, (state whether male or female) Female
Race or Color, (if not of White
Date of Birth, The 16 of August
Place of Birth, (Street and Number) No 173 East Eager St
Full Name of Mother, Mary Fisher
Mother's Maiden Name, Mary Fisher
Mother's Birthplace, Baltimore
Full Name of Father, John Fisher
Father's Occupation, Confectioner
Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Mrs. Jones
Address, No 173 Maryland Ave
Remarks, Bal Md
1886

Birth of a child, or the death of a person, shall be reported to the Commissioner of Health, in the manner and to the effect hereinafter provided, and any such person who fails to do so, or who reports a false statement, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸²²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August the 16

4. Place of Birth, (Street and Number)

Mill St near Concord

5. Full Name of Mother,

Mrs. Mary L. Jones

6. Mother's Maiden Name,

Mary Knapp

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Theodore L. Jones

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Jones

Address,

No. 6 Chester St near Belmont

Remarks,



to be reported to the Registrar of Vital Statistics, Baltimore City, within the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so required to fail to comply with the provisions of this Act shall be liable to the fine of ten (10) dollars for each offense so be committed.

RETURN OF A BIRTH

1822.8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 17, 1894

4. Place of Birth, (Street and Number) Maternity, 141 W. Cambridge St.

5. Full Name of Mother, Mary L. F. L.

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, W. Va.

8. Full Name of Father, _____

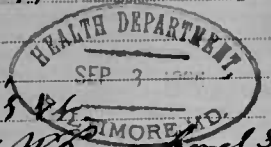
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, L. F. Calkins, M.D.

Address, Maternity, 141 W. Cambridge St.

Remarks, _____



88229

In all instances upon the motion, immediately thereafter to show to the satisfaction of the person or persons on whom the report is made, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Eight Child

ok ok

White

17 " August 1886

122 Hudson str

Sarah Smith

Penin

New York

William Smith

Labor

Ireland

Mr. Wiley

30 Patterson Lake (bo

Remarks.

Any person or persons who fail to report the birth of a child to the Registrar of Vital Statistics, or who fail to report the death of a person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸²³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17

4. Place of Birth, (Street and Number)

207 S. Charter St

5. Full Name of Mother,

Sophronia C. Creighton

6. Mother's Maiden Name,

S. C. Blackburn

7. Mother's Birthplace,

Va

8. Full Name of Father,

G. M. Craten

9. Father's Occupation,

cigar maker

10. Father's Birthplace,

M. D.

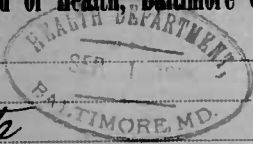
Name of Medical Attendant, or other Person who makes this Return.

Miss M. M. M.

Address,

1 Leadenhall St

Remarks,



RETURN OF A BIRTH.

88231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth August 17th.
4. Place of Birth (Street and Number) 195 Franklin Street.
5. Full Name of Mother Mrs. Joe. Trainer.
6. Mother's Maiden Name Joan Kilmer.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Frank J. Trainer.
9. Father's Occupation Saloon keeper.
10. Father's Birthplace Baltimore.
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks



name of the mother of such child or children.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be required as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 17th 1886

4. Place of Birth, (Street and Number) 16th Regester

5. Full Name of Mother, Katie Lenz

6. Mother's Maiden Name, Regner

7. Mother's Birthplace, Witten

8. Full Name of Father, Henry Lenz

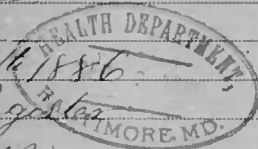
9. Father's Occupation, Puddler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth Betz

Address, 120 Bank St.

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH. 58233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug. 17, 1886

4. Place of Birth, (Street and Number)

438 N. Central Ave.

5. Full Name of Mother,

Margaret A. Gibson

6. Mother's Maiden Name,

" " M^{rs}. Manes

7. Mother's Birthplace,

Bath, Md.

8. Full Name of Father,

Geo. B. Gibson

9. Father's Occupation,

Cocksmith & Bell-hanger

10. Father's Birthplace,

Bath, Md.

Name of Medical Attendant, or other Person who makes this Return.

Geo. A. Hartman, M.D.

Address,

305 N. Charles St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who neglects or refuses to do so, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH 89234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

36
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 12 1886

4. Place of Birth, (Street and Number)

1667 S. Payson St

5. Full Name of Mother,

Agnes C. Lindner

6. Mother's Maiden Name,

" " Obenheimer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. J. Lindner

9. Father's Occupation,

Operator

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Lindner

Address,

1667 S. Payson St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸²⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 15 1886

4. Place of Birth, (Street and Number) 220 N. Howard St.

5. Full Name of Mother, Sarah A. Jackson

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Dorchester Co. Md.

8. Full Name of Father, Wm. R. Jackson

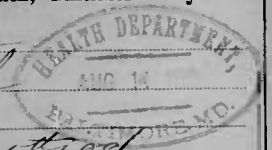
9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wendell C. Coker M.D.

Address, 140 N. Howard St.

Remarks, _____



Birth of any child shall occur without the attendance of a physician or person duly qualified to perform the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug. 10th = 1886

4. Place of Birth, (Street and Number)

28 Eutaw St.

5. Full Name of Mother,

Alice Blaney

6. Mother's Maiden Name,

Alice Blaney

7. Mother's Birthplace,

Maryland (Howard Co.)

8. Full Name of Father,

Father forgot to send in his name

9. Father's Occupation,

We cannot say or not knowing

10. Father's Birthplace,

Give it up

Name of Medical Attendant,

or other Person who makes this Return.

J. H. Scuffin D.

Address,

Remarks,



RETURN OF A BIRTH P8238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 August

4. Place of Birth, (Street and Number)

22 E. Lombard

5. Full Name of Mother,

Hizzie Finley

6. Mother's Maiden Name,

Belgas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Finley

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

22 E. Lombard

Remarks,



Persons who are required to report births to the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be subject to the fine of ten dollars for each offense to be recovered.

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

17 August

4. Place of Birth, (Street and Number)

213 Eastern Ave.

5. Full Name of Mother,

Katie Singer

6. Mother's Maiden Name,

Chidel

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Henry Singer

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance at the birth of a child, and such person shall become the duty of the person or persons of such child, to be in attendance at the birth of a child, to cause the same to be registered in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

(88240)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth

August 17th 1886

4. Place of Birth, (Street and Number)

11 Prince St

5. Full Name of Mother,

Rachel Townsend

6. Mother's Maiden Name,

Rachel Foster

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harvey Townsend

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. John L. Walling

Address,

164 S. Howard St

Remarks,

fine dollars



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

88247

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex (state whether male or female) Male.

2. Race or Color (if not of the white race) White race.

3. Date of Birth the 17 of August 1886

4. Place of Birth (Street and Number) No 261 Preston st.

5. Full Name of Mother Kate Vesely

6. Mother's Maiden Name Kate Craft

7. Mother's Birthplace in Baltimore

8. Full Name of Father John Vesely

9. Father's Occupation a Laborer

10. Father's Birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address his wife Theresa Geller No 34 Balch St.

Remarks

RETURN OF A BIRTH 88242

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 17, 1886.*

4. Place of Birth, (Street and Number) *Charles St (South) Cor. York*

5. Full Name of Mother, *Sarah A. Sheppard*

6. Mother's Maiden Name, *Sarah A. Sheppard*

7. Mother's Birthplace, *Anne Arundle Co., Md.*

8. Full Name of Father, *Wm Augustus Sheppard*

9. Father's Occupation, *Tobacco Factory.*

10. Father's Birthplace, *Anne Arundle Co., Md.*

Name of Medical Attendant, or other Person who makes this Return, *Sarah A. Jones*

Address, *12 X alley*

Remarks, *The child is healthy - well-formed.*

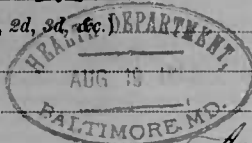
of the parents, and the maiden name of the mother of this child, and the date of birth.

Birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)



3 Child,
Female.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 17 - 1886

4. Place of Birth, (Street and Number)

21 Butler Alley

5. Full Name of Mother,

Maggie E. Anderson

6. Mother's Maiden Name,

Danvers

7. Mother's Birthplace,

America

8. Full Name of Father,

Frank Anderson

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schwasser Midwife

Address,

330 Hammer St.

Remarks,

RETURN OF A BIRTH ⁸⁸²⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first.

1. Sex, (state whether male or female)

female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

August 17th.

4. Place of Birth, (Street and Number)

Corner Fort & Garrett Sts.

5. Full Name of Mother,

Mary Schnitter.

6. Mother's Maiden Name,

Mary Metter.

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John Schnitter.

9. Father's Occupation,

Saleman, Keen.

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ethel

Address,

No. 13 Cuba St.

Remarks,

Baltimore.



Birth of any child shall occur without the attendance of a Physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person so attending shall report to the Registrar of Vital Statistics, within the period above required, and any such person who fails to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense so committed as other laws and regulations are recoverable.

RETURN OF A BIRTH 88246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 14 of August 1886

4. Place of Birth, (Street and Number)

No 257 Eager and Riggs

5. Full Name of Mother,

Mary Rose Hall

6. Mother's Maiden Name,

Mary Rose Goodwin

7. Mother's Birthplace,

Richmond Va.

8. Full Name of Father,

Samuel Taylor Hall

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Lauer

Address,

No 123 Hazard Ave

Remarks,

Bal. Md.

1886

RETURN OF A BIRTH 88247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 Aug 1886

4. Place of Birth, (Street and Number)

412 North Street

5. Full Name of Mother,

Mary L Carter

6. Mother's Maiden Name,

Wendell

7. Mother's Birthplace,

Richmond Va

8. Full Name of Father,

A M Carter

9. Father's Occupation,

Builder

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this Return.

C. B. Hamilton M.D.

Address,

59 Cathedral

Remarks,

Each of any child born in this city, and whose mother is a resident of this city, shall be reported to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, by the mother, or by the father, or by the physician, or by the midwife, or by the person who has charge of the child, or by any other person, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered.

Idrib of any child shall occur without the attendance of a physician or practitioner of medicine, or without the presence of a nurse, and the person attending the birth shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 18248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 18th August, 1886.
4. Place of Birth, (Street and Number) 10333 Hamburg St.
5. Full Name of Mother, Annie Maggie Lindus.
6. Mother's Maiden Name, Annie Maggie Eide.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Raymond J. Lindus.
9. Father's Occupation, Cabinet maker.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other Person who makes this Return, Miss Munch.
Address, 1 Seadenhall St.
Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other cases be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report the birth of such child in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸²⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mollie Virginia Furry

No. of Child of Mother. (State whether 1st, 2d, 3d, &c.)

Fourth (14th)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Wednesday night Aug 15th 1867*

4. Place of Birth, (Street and Number) *No 7 Penn*

5. Full Name of Mother, *Anna Agnes ~~Leister~~ Furry*

6. Mother's Maiden Name, *Anna Agnes Leister*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Chas W Furry*

9. Father's Occupation, *Book keeper*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

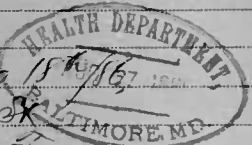
Susan Shuster

Address,

21 N. Poppleton St

Remarks. **GIVEN NAME ADDED.** *8-5-53*

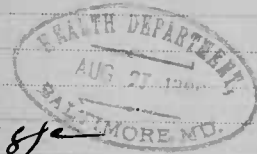
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RETURN OF A BIRTH 51250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 18-1886.*
4. Place of Birth, (Street and Number) *332 Asquith St*
5. Full Name of Mother. *Martha Myers*
6. Mother's Maiden Name, *Gay*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Myers*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *E. F. Taylor, M. D.*
Address, *284 N. B'way.*
Remarks.



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 88251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 18 Aug

4. Place of Birth, (Street and Number) 184 Hamburg St

5. Full Name of Mother, Anna Barbara Fischer

6. Mother's Maiden Name, " " Heilmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles F. Fischer

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Miss Mumby

Address, 1 Hudson Hall St

Remarks,

Birth of any child shall occur without the attendance of a physician or midwife, or shall be attended by either person in any manner, or shall be attended by any person, who shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 18

4. Place of Birth, (Street and Number)

310 South Charles St

5. Full Name of Mother,

Henry A. Guss Gussman

6. Mother's Maiden Name,

Barbara A. Weidemann

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John F. Gussman

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Miss Munk

Address,

1 Leadenhall St.

Remarks,

RETURN OF A BIRTH

81253

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug-14th

4. Place of Birth, (Street and Number) 5 N. Mount

5. Full Name of Mother, Elizabeth Kupper-

6. Mother's Maiden Name, Elizabeth Grodals.

7. Mother's Birthplace, B. C.

8. Full Name of Father, John T. Kupper.

9. Father's Occupation, Farmer.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, Herman F. Hill
17 N. Calumet St.

Remarks,



of the parents, and the maiden name of the mother of such child or children.

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the person or parents of such child, the person or persons so neglecting to report its birth to the Commissioner of Health, in the manner and within the period so required, and any such person for each offense to be liable to the fine of ten (10) dollars.

RETURN OF A BIRTH 88254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH *pg 255*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race).....

3. Date of Birth, Aug. 18th 1901

4. Place of Birth, (Street and Number) 51st Mason St

5. Full Name of Mother, Pauline Kesting

6. Mother's Maiden Name, Leggett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. L. Resling

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return..... Mrs. Murrell.....

Address, _____

Remarks, _____

certificates between the first and third day of each and every month to the Officers of the Commissioner of Health. To cause the support of any child and occur before the expiration of the period herein required, it shall become the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period herein required, and pay such fee as may be determined by the Board of Health for persons who shall neglect to comply with the provisions of this section shall be considered as other fines and forfeitures are recoverable.

certification between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City, in the form of a birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should so other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Health, in the manner and within the period as required, and any such person for each offense to be reported as other than and forfeitures are recoverable.

RETURN OF A BIRTH 88256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, Aug 18th 1886
4. Place of Birth, (Street and Number) W. C. Eldredg St. No. 22
5. Full Name of Mother, Annie Massoy
6. Mother's Maiden Name, Link
7. Mother's Birthplace, Russia
8. Full Name of Father, Meyer Massoy
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this return, Miss R. Volley
- Address, 48 Ball and St.
- Remarks, Child born without-fingers on either hands.

882.57

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136 Columbia Ave

Remarks,

RETURN OF A BIRTH 882.55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,.....

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,...

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address, ..

Remarks,

Murphy & Co., City Printers and Stationers.

88209

HEALTH DEPARTMENT,
AUG 23 1910
BALTIMORE, MD.

✓

- Female
White
August 18, 1856
Coveker St No 45
Mrs. Knick
Mrs. Liphadeger
Emma
Thiney
reder
Emma
Mrs. Ette

Murphy & Co., City Printers and Stationers.

born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 88260

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 18th 1886

4. Place of Birth, (Street and Number)

No 337 Mulberry St

5. Full Name of Mother,

Florence L Beck

6. Mother's Maiden Name,

Florence L. Smoot

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Frank E. Beck

9. Father's Occupation,

Clerk

Father's Birthplace,

Baltimore County, Md

Name of Medical Attendant, or other Person who makes this Return

A. Taylor-Worris, M.D.

Address,

23 Harlem Ave

Remarks.

Persons who have charge of a child, and the parents, shall be delivered daily signed by the registrars in the form of the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be present, the person having charge of the child shall report its birth to the Commissioner of Health, and any such person who fails to comply with the provisions of this section, shall be deemed to be guilty of a misdemeanor, and shall be liable to the fine of not more than \$100.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Aug 18 1886*

4. Place of Birth, (Street and Number) *125 McMillan St*

5. Full Name of Mother, *Rachel B Bowley*

6. Mother's Maiden Name, *Rachel Zella Stingers*

7. Mother's Birthplace, *Madison, Dorchester Co*

8. Full Name of Father, *Harkless L Bowley*

9. Father's Occupation, *Teacher Public School*

10. Father's Birthplace, *Lebanon, Ont. Canada*

Name of Medical Attendant, or other Person who makes this Return, *Auguste Bossien*

Address, *927 Sharp St*

Remarks,



Parents. The date and place of birth, and the sex of the child, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within the period of ten days after the birth of the child, or, if the child be born at a distance from the Registrar, within the period of ten days after the receipt of the certificate by the Registrar. If the birth of a child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar, in the manner and within the period as required, and any such person or persons who shall fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be paid by the person or persons so offending, and the said fine shall be recoverable.

RETURN OF A BIRTH

98263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 of August

4. Place of Birth, (Street and Number) West 25th Street St

5. Full Name of Mother, Mary Schooley

6. Mother's Maiden Name, Mary E. Gandy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Schooley

9. Father's Occupation, Clerk

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Juliana Gashel

Address, 14128 West St

Remarks, _____

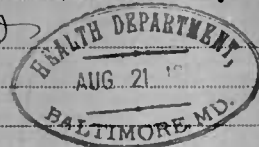
parents, the date and place of birth, and the sex of the child, shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the father, or if he be absent, of the mother, or of any person present at the birth, to sign and deliver to the Office of the Commissioner of Health, a certificate, in the form of the certificate required, and any such person who fails to comply with the provisions of this section, shall be liable to a fine of ten (\$10) dollars for each offense to be proved.

RETURN OF A BIRTH

PS26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August the 18, 1906*

4. Place of Birth, (Street and Number) *Edison St. No. 8.*

5. Full Name of Mother, *Maggie Mohr*

6. Mother's Maiden Name, *Maggie Meiner*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Friedrich Mohr*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*

Address, *N. Dallas St. No. 26*

Remarks,

parents, the date and place of birth, and the sex of the child, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or other person authorized to practice medicine, the parents or person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report his birth, to the Office of the Registrar of Vital Statistics, Baltimore City, within the period of ten days after the birth of such child to the Office of the Registrar of Vital Statistics, Baltimore City, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. ⁸⁸²⁶⁵

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11 Child.
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 18 - 1886.

4. Place of Birth, (Street and Number)

340 Hanover St.

5. Full Name of Mother,

Ellen Finerde.

6. Mother's Maiden Name,

McKoyne.

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

Mike Finerde.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this return.

J. Schwasser. Midwife.

Address,

330 Hanover St.

Remarks,

any child born in this city shall have been conferred.) In sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case of the birth of any child not previously reported, the practitioner shall immediately thereafter, in the manner and within the period required, report its birth to the Commissioner of Health. In the manner and within the period required, and any such person or persons who shall have failed to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 18th 1886

4. Place of Birth, (Street and Number) 30 So Schroeder St

5. Full Name of Mother, Emma Robson

6. Mother's Maiden Name, Emma Bell

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Thomas Robson

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, J. H. Skinner M.D.

Address, 41 N. Eager St

Remarks, _____

RECEIVED DEPARTMENT OF HEALTH
BALTIMORE MD

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 7th and 10th day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, the mother or other person present at the birth shall report the birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 18 / 1886

4. Place of Birth, (Street and Number)

East Fayette St Extended

5. Full Name of Mother,

Emma J. Benner

6. Mother's Maiden Name,

" Waters

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Benjamin D. Benner

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto

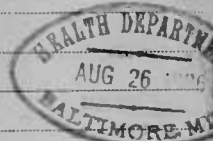
Name of Medical Attendant, or other Person who makes this Return.

Henry V. Howell

Address,

286 W. Long St

Remarks,



Parents, the date and place of birth, and this said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, in every birth of any child shall occur without the attendance of a physician, or other person, who shall be required to report the birth to the Registrar of Vital Statistics, in the manner and within the period of time prescribed in the regulations of the Board of Health, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

HEALTH DEPARTMENT

BALTIMORE, MD.



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6th DAY Dec.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #85278 AND
ENDING WITH #88268 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL